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ABSTRACT

The handbook on pupil appraisal presents specific criteria and information regarding eligibility, screening, and evaluation of handicapped and gifted children in the state of Louisiana. Criteria for eligibility indicate the type of data which must be collected in the initial screening and/or educational assessment program to justify a more indepth child study. Procedures for evaluation specify minimal areas and depths of data collection, and suggest the type of professional most qualified to gather and interpret the data in a certain area. For each exceptionality, information provided includes definitions, developmental information and characteristics, criteria for eligibility, and procedures for screening and evaluation. Conditions covered include autistic, deaf/blind, emotionally disturbed, gifted, talented, hearing impaired, hospital/homebound, infants, learning disabled, mentally retarded, multihandicapped, noncategorical early childhood handicapped, orthopedically handicapped, otherwise health impaired or handicapped, severe language disordered, slow learner/educationally handicapped, speech impaired, and visually handicapped. (Author/DLS)

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PUPIL APPRAISAL HANDBOOK

BULLETIN 1508

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Division of Special Educational Services

Bureau of Pupil Appraisal

This public document was published at a cost of $.51 per copy by the Printing Section, Department of Education, P. O. Box 44064, Baton Rouge, LA 70804, to disseminate the process and criteria by which each student will be evaluated under authority of special education by the Division of Administration. This material was printed in accordance with the standards for printing by state agencies established pursuant to R.S. 43:31.

J. Kelly Nix
State Superintendent of Education

EC124260

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Criteria for Eligibility, Screening, and Evaluation for each Exceptionality

INTRODUCTION

This section of the Handbook is designed to include specific criteria and information which is only referred to generally in the description of the Pupil Appraisal System: Process for Implementation. It is intended primarily as a reference for persons wishing or requiring more specifics concerning the conduct of an Individual Evaluation, particularly Evaluation Coordinators and other team members. Included are the criteria for eligibility for inclusion in each type of program and the required screening and evaluation procedures.

The Criteria for Eligibility indicates the type of data which must be collected in the initial screening and/or Educational Assessment Program in order to justify a more in-depth child study.

The Procedures for Evaluation specify minimal areas and depths of data collection, and suggest the professional who is usually most qualified to gather and interpret the data in a certain area. This section is to be treated as guidelines; however, any deviations shall be explained in writing, particularly if for some reason data are unobtainable or not available in a certain area.

At times the Evaluation Coordinator will determine that additional evaluation is needed to obtain information which is required under the eligibility requirements, to provide a fully appropriate evaluation in regards to both breadth and depth for a specific child, or to obtain an integrated picture of the child which explains discrepancies in previously collected data. In each of these instances additional evaluation will be conducted and may reflect more depth in a particular area, or the investigation of an area of the child's functioning which has not been assessed up to that time.

DEFINITION OF HANDICAPPED/EXCEPTIONAL

For a child to be considered an exceptional or handicapped child under the regulations of Act 754, two conditions must be true.

First, the personal characteristics of the child must indicate that:

1. An impairment exists; or
2. A condition is present, such as exceptionally high abilities.

Second, an assessment of the current and past learning environment, and the educational progress of the child must demonstrate a need for special education (related services may also be needed in order for the child to benefit from the special education).

Only when both of the above are true is the child considered Handicapped or Exceptional.

Mistakes can be made and subsequent misclassification can occur in evaluating children by assuming that:

1. All impaired children need special education; or
2. All children with educational needs are handicapped or exceptional according to the above definition.

A thorough understanding of the definition of exceptionality is important for fulfilling the objectives of an individual evaluation which are:

1. To determine whether a child possesses an impairment or condition which would enable the child to be classified as exceptional;
2. To diagnose and evaluate the nature and extent of the effect of such impairment or condition on the educational performance of the child, and extent of the effect of such impairment or condition on the educational performance of the child, and to assess the need for special education and related services; and
3. To recommend those types of services (which may only be named generically) which should be provided to an exceptional child to enhance the child's ability to benefit from subsequent education or training or otherwise enhance opportunities for self-support or self-sufficiency.

SCREENING

Screening is the use of a quick, simple procedure carried out among large groups of students on a group or individual basis to sort out apparently handicapped, educationally disadvantaged, or gifted students from those not handicapped, disadvantaged, or gifted and to identify those in need of more in-depth assessment of their physical or mental problems.

The objectives of screening are the identification of:

1. persons who are likely enough to be handicapped or gifted to warrant an individual evaluation;
2. persons who are at high risk or low risk having an unmet health need or problem which is likely to interfere with their educational progress through the use of relatively simple and inexpensive tests and observations;
3. any developmental lags or delays of infants and preschool children which will interfere with present and/or future educational progress.

EVALUATION

Individual Evaluation means procedures used selectively with an individual child to determine if a child is handicapped or gifted and the nature and extent of the special education and related services that the child needs.

All individual evaluations shall be conducted according to the following standards:

1. No single procedure may be used as the sole criterion for an appropriate evaluation of a child.
2. All tests and other evaluation materials used to assess the nature and extent of the handicapping condition or other exceptionality and specific areas of educational need must be:
   - (a) Designed to assess specific areas of educational need and not merely those which are designed to provide a single intellectual or ability quotient;
   - (b) Recommended by their producer and validated adequately for the specific purpose(s) for which they are used;
   - (c) Appropriate for the age and stage of development for each person to whom they are administered;
   - (d) Free of racial, cultural, language, and sex bias;
   - (e) Designed to be administered in the native language or other usual mode of communication of the person being assessed;

(f) Administered in conformance with the administration instructions of their producer;

(g) Selected so that the instrument measures what it is supposed to measure and does not only reflect any sensory or motor impairments;

(h) No individual or group IQ tests may be administered as part of any individual evaluation, screening or assessment unless the test has been approved. (See Appendix C for approved tests and procedures.) In no event shall an overall IQ score be reported or recorded and every case determination of mental retardation shall be based on an assessment of a variety of factors including adaptive behavior and past and current development activities (e.g., indices or manifestations of social, intellectual, adaptive, verbal, motor, language, emotional and self-care development for age). The Adaptive Behavior measure must have a veracity scale or some form of objective data supporting the validity of the information collected;

(i) The determination of the functional level should include, as appropriate, reflex testing and an assessment of motor and self-help skills;

(j) Testing batteries which have been developed by the State Department of Education, and approved by the Board of Elementary and Secondary Education, to diagnose a suspected exceptionality shall be utilized wherever available and appropriate.

3. All evaluation materials and strategies must be:

   (a) Interpreted in a manner which does not confuse the level of sensory, manual, or speaking skills of the person being assessed with test objectives such as achievement or intelligence;

   (b) Interpreted in a manner that is free from racial, cultural, and sexual bias.

4. All evaluations must meet the criteria for eligibility established by the State Board of Elementary and Secondary Education for each exceptionality and included in this Handbook.

MULTIDISCIPLINARY TEAM COMPOSITION

The multidisciplinary team for a child must be appointed consistent with the requirements in the Regulations and the Criteria for Eligibility for each exceptionality which follows. The multidisciplinary team must be composed of persons, drawn from different disciplines, appropriate to a complete assessment of the suspected exceptionality.

In all cases an educational consultant and a classroom teacher (or other instructional staff member familiar with the child and knowledgeable with respect to suspected exceptionality) must be included on the team. If the Evaluation Coordinator is an Educational Consultant, that person may meet this requirement.

A minimally acceptable team is an educational consultant, at least one additional qualified examiner, and the child's teacher.

Where mental illness or emotional disturbance is the suspected exceptionality (or is among them) the team must include:

1. A board eligible or board certified psychiatrist, or a licensed psychologist who is listed in or meets the standards of the National Register of Health Service Providers in Psychology, or a qualified mental health professional under the general supervision of either a psychiatrist or a licensed psychologist; and
2. Where appropriate, a physician skilled in the diagnosis and treatment of neurological conditions.

Speech pathologists, social workers, psychologists, school counselors, physicians, school nurses, physical therapists, adaptive physical education specialists, and occupational therapists must be included on the team as determined by the Evaluation Coordinator assigned to the child to be appropriate to a full and accurate assessment of the needs of the child. If specialists not on staff are needed, the Evaluation Coordinator will add them to the team as appropriate.

EVALUATION CONTENT

Each individual evaluation must include a full assessment to appropriate depth of:

1. Current and past academic performance including a comparison of the level of educational attainment of the child with the level appropriate for the same age and ability level. The assessment in this area must be predicated on:
   - (a) Information from aptitude and achievement tests (excluding group or unapproved individual IQ tests);
   - (b) Teacher assessment and/or assessment teaching;
   - (c) Observation of academic performance in the regular classroom setting (or other environment appropriate for observing a child of that age).
2. The congruence of achievement and intellectual ability, i.e. whether a severe discrepancy between achievement and intellectual ability exists in one of the following areas:
   - (a) Oral expression;
   - (b) Listening comprehension;
   - (c) Written expression;

(d) Basic reading skill;

(e) Reading comprehension;

(f) Mathematics calculation;

(g) Mathematics reasoning;

(h) Any other age appropriate skills;

and, if so, whether the discrepancy exists despite the provision of learning experiences appropriate for the child's age and ability levels.

3. Current physical and mental condition including:
    - (a) Emotional and psychological condition;
    - (b) Health, medical needs, and nutritional state;
    - (c) Developmental needs;
    - (d) The need for adaptive and special physical education services; and
    - (e) The report of any medical assessment undertaken such as audiologic and visual assessment for deaf, blind, and deaf-blind students.
4. Personal attributes, abilities, disabilities, behavior (including adaptive behavior) and language and other communication skills and, to the extent appropriate, work behavior.
5. Environmental factors including the child's social, economic and cultural background and the characteristics of family, home, and social environments.
6. The views of teachers and parents.

7. A review of the written report of any educational assessment program conducted.
8. A careful review of the written report of any independent evaluation of the child.

AUTISM

1. DEFINITION

Autism is severe developmental disability which is behaviorally defined. The essential features are typically manifested prior to 30 months of age and include:

(a) Disturbance of developmental rates and sequences. Normal coordination of the three developmental pathways (motor, social-adaptive, cognitive) is disrupted. Delays, arrests, and/or regressions occur among or within one or more of the pathways.

(1) Within the motor pathway. For example, gross motor milestones may be normal while fine motor milestones are delayed.

(2) Between pathways. Motor milestones may, for example, be normal while social-adaptive and cognitive are delayed.

(3) Arrests, delays, and regressions. Motor development may be normal until age two when walking stops; some cognitive skills may develop at expected times while others are delayed or absent; imitative behavior and/or speech may be delayed in onset until age three, followed by rapid acquisition to expected developmental levels.

(b) Disturbances of responses to sensory stimuli.

There may be generalized hyper-reactivity or hypo-reactivity, and/or alternation of these two states over periods ranging from hours to months.

(1) Visual symptoms: These may be close scrutiny of visual details; apparent non-use of eye contact; staring, prolonged regarding of hands or objects; attention to changing levels of illumination.

(2) Auditory symptoms: There may be close attention to self-induced sounds; non-response or over-response to varying levels of sound.

(3) Tactile symptoms: There may be over- or under-response to touch, pain, and temperatures; prolonged rubbing of surfaces; sensitivity to food textures.

(4) Vestibular symptoms: There may be over- or under-reactions to gravity stimuli; whirling without dizziness; pre-occupation with spinning objects.

(5) Olfactory and gustatory symptoms: There may be repetitive sniffing; specific food preferences; licking of inedible objects.

(6) Proprioceptive symptoms: There may be posturing; darting-lunging movements; hand flapping; gesticulations; grimaces.

(c) Disturbances of speech, language-cognition, and non-verbal communication.

(1) Speech symptom examples: mutism; delayed onset; immature syntax; immature articulation; modulated but immature inflections.

(2) Language-cognition symptom examples: specific cognitive capacities such as rote memory and visual-spatial relations intact with failure to develop the use of abstract terms, concepts, and reasoning; immediate or delayed negative echolalia with or without communicative intent; non-logical use of concepts; neologisms.

(3) Non-verbal communication examples: absent or delayed development of appropriate gestures; dissociation of gestures from language; failure to assign symbolic meaning to gestures.

(d) Disturbance of the capacity to appropriately relate to people, events, or objects. There is failure to develop appropriate responsivity to people and to assign appropriate symbolic meaning to objects or events.

(1) Examples in relation to people: absence, arrests, and/or delays of smiling response; stranger anxiety; anticipatory response to gestures; playing peek-a-boo, patty-cake games or waving bye-bye; failure to make

eye contact or facial responsivity; failure to make appropriate reciprocal responsiveness to physical contact; failure to develop a relationship with significant caretakers. For example, caretakers may be treated indifferently, interchangeably, with only mechanical clinging; with panic at separation. Cooperative play and friendships, usually appearing between ages 5 and 7 may develop but are superficial, immature, and only in response to strong social cues.

(2) Examples in relation to objects: absent, arrested, or delayed capacities to utilize objects and/or toys in an age-appropriate manner and/or to assign them symbolic and/or thematic meaning. Objects are often used in idiosyncratic, stereotypic and/or perseverative ways. Interference with this use of objects often results in expressions of discomfort and/or panic.

(3) Examples in relation to events: there may be a particular awareness of the sequence of events and disruption of this sequence may result in expressions of discomfort and/or panic.

(e) Associated Features. Associated features vary with age and include other disturbances of thought, mood, and behavior. Mood may be liable: crying may be unexplained or inconsolable; there may be giggling or laughing without identifiable stimuli. There may be a lack of appreciation of real dangers such as moving vehicles as well as inappropriate fears. Self-injurious behaviors, such as hair pulling and hitting or biting parts of the body, may be present. Stereotypic and repetitive movements of limbs or the entire body are common.

2. CRITERIA FOR ELIGIBILITY

The following criteria, consistent with the definition, shall be used to determine each student's eligibility for special programs for autistic children. Disturbances in four of (a), (b), (c), (d), and (e) and evidence for (f) are all required.

(a) The child has not developed communicative language, or if once developed, language is presently not communicative. In addition, the child does not use gesture or other non-verbal mechanisms for symbolic communication.

(b) The child does not use objects or toys appropriately, merely using them in stereotypic or repetitive ways without conceptual content.

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(c) The child does not interact appropriately with other persons, avoiding eye contact or interacting with them in mechanical ways without reciprocal interchange.

(d) The child shows disturbances in the rate or sequence of development in various ways, being at age level in one area of development with either lack of development or deficient development in other areas.

(e) The child responds inappropriately to sensory stimuli, being hypo-responsive at times and hyper-responsive at other times. The child responds to stimulation inappropriately and in repetitive or non-meaningful ways.

(f) Evidence indicating that the above disturbances are not due to:

    (1) Mental retardation. Retarded children usually show delays in all areas of development and their responses to sensory inputs, people and objects, and their speech and language developmental level of cognitive functioning. Current research estimates are that approximately 60% of autistic children have measured I.Q.s below 50; 20% between 50-70 or more. The majority show extreme variability of intellectual functioning on formal I.Q. testing. They perform

poorest on tasks requiring abstract thought, symbolic or sequential logic. They perform best on those tasks assessing manipulative or visual-spatial skills and rote memory.

(2) Specific sensory deficits. When auditory or visual deficits are accompanied by mental retardation, the speech, language, and ability to relate to people and objects are appropriate to the overall developmental level of cognitive functioning.

(3) Aphasia. Aphasic children do not show disturbance to sensory inputs, dissociation of other developmental pathways or relatedness to people and objects. Aphasics may imitate use of gestures and other means to communicate symbolic content.

(4) Physical or psychological trauma (hospitalism, maternal deprivation, anaclitic depression, or sequelae of a chronically traumatizing environment). These children show symptoms and developmental delays specific to the specific etioligic factors in the psychological or social environment, and respond to specific therapies if instituted before permanent changes have resulted.

(5) Schizophrenia or other serious emotional disturbance. Although between the ages of 5-12,

autistic children may fit the criteria for schizophrenia.

3. PROCEDURES FOR SCREENING

If the child is enrolled in school, prior to the evaluation for determining eligibility, the following shall be collected.

(a) Documented and dated records or behavioral observations made by more than one person which cite the specific behaviors causing the referral.

(b) Documented evidence of two interventions and adjustments that have been attempted. These interventions shall include but not be limited to: change in student's class schedule or teacher; change in student's curriculum; interventions provided by student services personnel; community agency intervention; or health and rehabilitative services agency intervention.

(c) A speech and language screening report.

(d) A vision screening report.

(e) A hearing screening report.

4. PROCEDURES FOR EVALUATION

The individual evaluation shall include at a minimum:

(a) A comprehensive evaluation conducted by a licensed psychologist certified as a school psychologist and/or a board certified or board eligible psychiatrist which includes an individual evaluation of the child's level of development in cognitive, social, language, and motor development, and behavioral observations;

(b) An interview with the parents concerning the sequence of the child's development in the areas defined above;

(c) An evaluation of the child's hearing by an audiologist, using if possible, new techniques that do not require responses from the child;

(d) Other appropriate examinations as added by the Evaluation Coordinator.

DEAF/BLIND

1. DEFINITION

Deaf-Blind is concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational problems that such children cannot be accommodated in special education programs solely for deaf or blind children.

2. CRITERIA FOR ELIGIBILITY

A student is eligible for a Deaf-Blind program if the student meets the following combinations of conditions from all three areas (a), (b), and (c).

(a) Vision - any of the following:

(1) Measured corrected visual acuity of 20/100 or less in the better eye, and/or a previous chronic condition has existed which has interfered, is interfering, or will interfere with the visual learning mode;

(2) In the presence of normal peripheral vision as determined by an ophthalmologist, cortical blindness which must be verified by reports by an opthalmologist, pediatrician, or a pediatric neurologist;

(3) Field of vision 20 degrees or less in the better eye.

(b) Hearing

Sensory-neural hearing loss of 30 decibels as a minimum across the speech frequencies in the better ear with amplification and/or a previous chronic condition has existed which has interfered, is interfering, or will interfere with the auditory learning mode.

(c) Education

Educational determination that the student's combined vision and hearing impairments are such that he cannot be served appropriately by the regular program for the visually or auditorally handicapped without specific assistance necessary to accommodate the secondary impairment.

Note:

A child who is functioning below age level cannot be considered deaf-blind, unless it is demonstrated that the child has a definite hearing and visual loss.

3. PROCEDURES FOR SCREENING

Same as for Hearing Impaired and Visually Handicapped.

4. PROCEDURES FOR EVALUATION

Note:

Screening data usually clearly indicate the combination of hearing and vision impairments. Based on such data, the

Evaluation Coordinator should refer to the specialized statewide assessment center at the Louisiana School for the Deaf for the Individual Evaluation.

(a) Visual evaluation according to the criteria which is conducted by an opthalmologist.

(b) Hearing loss according to the criteria which is conducted by an audiologist or otologist.

(c) Adaptive behavior assessment.

(d) Educational evaluation conducted by an educational consultant which determines that the student's combined visual and auditory impairments are such that he cannot be served appropriately by a program for the visually or auditorally handicapped and which identifies the specific strengths, weaknesses and needs of the student.

(e) Family evaluation which assesses the needs, strengths and weaknesses of the total family conducted by a social worker.

EMOTIONALLY DISTURBED

1. DEFINITION

"Seriously emotionally disturbed" is a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance:

(a) An inability to learn which cannot be explained by intellectual, sensory, or physical health factors;

(b) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;

(c) Inappropriate types of behavior or feelings under normal circumstances;

(d) A general pervasive mood of unhappiness or depression; or

(e) A tendency to develop physical symptoms or fear associated with personal or school problems.

The term includes children who are schizophrenic. The term does not include children who are autistic or children who are socially maladjusted, unless it is determined that they are also seriously emotionally disturbed.

2. CRITERIA FOR ELIGIBILITY

The following criteria, consistent with the definition, shall be used to determine each student's eligibility for special programs for emotionally disturbed. Evidence for (a), (b), (c), and (d) are all required.

(a) Evidence that the student, after receiving supportive educational assistance and counseling, still exhibits severe emotional handicaps consistent with the definition.

(b) Evidence that a severe emotional handicap, as determined by documented observations and psychological evaluation, exists over an extended period of time.

(c) Evidence that the behavior disrupts the student's own learning: reading, arithmetic or writing skills; language development; social-personal development; or behavioral progress and control.

(d) Evidence that the primary problem of the student cannot be attributed primarily to physical, sensory, or intellectual deficits.

3. PROCEDURES FOR SCREENING

Prior to the evaluation for determining eligibility, the following data shall be collected. However, if the behavior poses an immediate danger to self or others, an immediate referral shall be made.

If the student is referred by a public agency or a private service provider that deals with the emotionally disturbed, appropriate information requirements of this section shall be waived for areas where that agency supplies comprehensive reports.

(a) Documented and dated evidence that conferences concerning the student's specific problem have been conducted. These conferences shall include but not be limited to the parents or guardian, administrative personnel, teaching personnel and student services personnel.

(b) Documented and anecdotal records or behavioral observations made by more than one person which cite the specific behaviors causing the referral.

(c) Documented evidence of two interventions and adjustments that have been tried with the student in response to the presenting problems of the child. These interventions shall include, but not be limited to, change in student's class schedule or teacher; change in student's curriculum; change in techniques of instruction; interventions provided by student services personnel; community agency intervention; health and rehabilitative services agency intervention; or intervention by a licensed mental health professional.

(d) A vision screening report.

(e) Hearing screening.

(f) A speech and language screening report.

4. PROCEDURE FOR EVALUATION

The individual evaluation shall include a minimum of:

(a) A medical assessment as required by the Special Education Supervisor or Evaluation Coordinator where physical problems are suspected as precipitating the behavioral problem. A neurological examination shall be required if deemed necessary by a psychologist or a physician assigned to the team.

(b) A comprehensive evaluation conducted by a licensed psychologist who meets the standards of the National Register of Health Services Providers in Psychology and/or a board eligible or board certified psychiatrist or a qualified mental health professional under their supervision which shall include the following: an individual evaluation of the student's personality and attitudes; emotional functioning, cognitive functioning; intellectual functioning; and behavioral observations and interview data relative to the problems described in the referral.

(c) An educational evaluation conducted by an educational consultant which includes information on the student's academic strengths and weaknesses and learning modes and which indicates a disruption in the student's own learning progress.

(d) A family assessment conducted by a social worker to determine social and cultural influence, if any, and family dynamics.

(e) A statement certifying that the student is seriously emotionally disturbed which must be signed by:

   (1) A board eligible or board certified psychiatrist; or

   (2) A licensed psychologist who is listed in or meets the standards of the most current edition of the Register of Health Service Providers in Psychology.

GIFTED AND TALENTED

DEFINITION

Gifted children and youth are those who are identified at the preschool, elementary, or secondary level as:

A. Possessing demonstrated abilities that give evidence of high performance capabilities in areas such as intellectual, creative or academic aptitude and,

B. Needing differentiated education for services beyond those being provided by the regular school system to the average school student in order to realize these potentials.

CRITERIA FOR ELIGIBILITY
GIFTED

To be eligible for enrollment in a program for the gifted, a student must meet either A or B.

A. Obtains a full scale score 2 standard deviations or above in School Functioning Level-(SFL), or

B. Obtains a combined score of at least 14 when scores are entered into the areas of the following matrix:

	4	3	2	1
Creative Production	3 gd	2 gd	1 gd above	0 gd above present
Total Reading	99%ile+	98-95%	94-90%	89-85
Total Math	99%ile+	98-95%	94-90%	89-85
Individually Administered Non-verbal Scale	2½ sd+	2½-2 sd	2-1½ sd	1½-1 sd
Intellectual Abilities** Verbal ELP and	2½ sd+	2½-2 sd	2-1½ sd	1½-1 sd
Performance ELP	2½ sd+	2½-1 sd	2-1½ sd	1½-1 sd

or

*Revised August 1979

Verbal SFL	2 sd+	2-1½ sd	1½-1 sd
and			
Performance SFL	2 sd	2-1½ sd	1½-1 sd
or			
Full Scale SFLx2		2-1½ sd	1½-1 sd

When a student scores at the upper limit of a standard deviation range, the weight assigned is the next higher number.

**The student's matrix score should be calculated utilizing each alternative and the highest result used for eligibility determination.

PROCEDURES FOR SCREENING

A. Recommendations and/or nominations are to be made by teachers (or other school personnel), peers, self and parents.

All nominations or recommendations must be documented by the State approved checklist.

B. Group testing

1. Aptitude--the student must score at least one standard deviation above the mean on the Short Form Test of Academic Aptitude language, non-language or total sub scores.

2. Achievement

(a) Student must score at or above the eighth stanine (based on national norms) in either reading, math, or composite score on any approved standardized achievement test.

or

(b) Scores must meet the above criterion for two of the past three years.

C. Sensory Screening must be completed and reported in the following areas:

1. Vision.

2. Hearing.

PROCEDURES FOR EVALUATION

The individual evaluation shall include at a minimum:

A. An individual evaluation of intellectual abilities utilizing non-discriminatory intellectual procedures conducted by a psychologist.

B. If the student does not meet eligibility criterion 1 then the following tests must be administered:

   1. Individually administered non-verbal scale of the Cognitive Abilities Test.

   2. Individually administered achievement assessment conducted by an Educational Consultant.

   3. A Board of Elementary and Secondary Education approved test of creative productive thinking.

C. An individually conducted screening for social/emotional adjustment and other possible exceptionalities.

APPROVED EVALUATION INSTRUMENTS

GIFTED

CREATIVE PRODUCTIVE THINKING

SOI sub-test of Divergent Production - Figural

GROUP APTITUDE TEST

Short Form Test of Academic Aptitude

ACHIEVEMENT TESTS

Stanford Achievement Test (forms for grades 1.5-9) Harcourt, Brace and Jovanovich (Highly recommended as the better choice.)

California Achievement Tests (forms for all grade levels) CTB/McGraw-Hill

Iowa Tests of Basic Skills (forms for all grade levels) Houghton Mifflin Co.

SRA Achievement Series (grades 1-9) Science Research Associates, Inc.

Comprehensive Tests of Basic Skills

NON VERBAL ABILITIES TESTS

Cognitive Abilities Test

TALENTED*

DEFINITION

Talented children are those who possess highly creative abilities in visual and performing arts.

CRITERIA FOR ELIGIBILITY
TALENTED

A student in grades K-12 is eligible for special programs in the talent area by demonstration of highly creative abilities in visual and performing arts and by meeting the criteria in either A or B.

A. Creative abilities in visual and performing arts grades K-6.

1. Music	According to the approved music evaluation instruments, the music skills indicate a mean score of at least 30 or a minimum score of 95% in music skills on the appropriate scales.
2. Theater	According to the approved evaluation instruments, the theater skills will indicate at least an average rating of 13 on the appropriate scales.
3. Visual Arts	According to approved evaluation instruments, the visual arts skills will indicate an average rating of at least 13 on the appropriate scales.

B. Creative abilities in visual and performing arts for grades 7-12.

1. Music	According to the State approved evaluation instruments for classical, jazz or vocal sub-areas, the skills will average at least 13 points.
2. Theater	According to the State approved theater evaluation instruments, the skills will average at least 13 points.

*Revised August 1979

3. Visual Arts — According to the State approved evaluation instruments, the visual arts skills will average at least 13 points.

PROCEDURES FOR SCREENING

The following minimal screenings are required:

A. Visual screening.

B. Hearing screening

C. On the State approved tests of divergent productions, the student must score at least two grade levels above present grade placement: or on the State approved rating scales for art, theater, music; the student must rate "almost always" on each scale.

D. Subjective judgment may be used only to supplement the above.

PROCEDURES FOR EVALUATION

The minimum evaluation for a student shall be:

A. At least three independent and individually administered assessments of products and performances evaluated by two or three State designated specialists in the arts utilizing State approved procedures and instruments.

B. An educational consultant on the multidisciplinary team for the child shall certify that the data collected by the specialists in the arts is consistent with the appropriate talent classifications.

C. The educational consultant will look at existing parish assessment data on the pupil and the specialists' data and will compile the information following State approved procedures.

D. Additional educational evaluation conducted when needed in the judgment of the evaluation coordinator.

E. All specialists must be approved by the State Department of Education through the Section of Gifted/Talented and Teacher Certification.

HEARING IMPAIRED

1. DEFINITION

Hearing Impaired is a child whose auditory reception is so deficient as to interfere with auditory learning. It includes both Deaf and Hard of Hearing children.

(a) Deaf--a hearing impairment which is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, which adversely affects educational performance.

(b) Hard of hearing--a hearing loss which may range from mild to severe unaided, which does not significantly impede the learning of speech and language through normal channels.

2. CRITERIA FOR ELIGIBILITY

To be eligible for special programs for hearing impaired there shall be evidence for both (a) and (b).

(a) Audiological evidence that the student is deaf or hard of hearing with a pure tone average of 500, 1000, 2000 Hz in the better ear of:

   (1) Deaf--70 decibels or more (ANSI).

   (2) Hard of Hearing--between 25 and 70 decibels (ANSI).

(b) Evidence that because of hearing loss the child is unable to perform academically or to develop language at a level commensurate with the expected level without special education.

3. PROCEDURES FOR SCREENING

Screening should be done for all students entering the district, all kindergarten children and all students every two years through grade four.

(a) Audiometric screening and referral shall be in accordance with standards following. Loss of 30 decibels in one of 500, 1000, and 2000 Hz frequencies or 25 decibels in two or more frequencies in at least one ear.

(b) In addition, it is recommended that tympanometric (middle ear) screening be done annually with children preschool through grade four.
Children with middle ear pressure outside the range of -200 and +50 mm H_2O and/or excessively stiff or flaccid tympanogram in either ear will be considered "at risk" and referred for audiological and/or otological examination.

4. PROCEDURE FOR EVALUATION

(a) Physicians with specialized training or experience in diagnosis and treatment of hearing impairments and/or licensed audiologists shall evaluate the student's hearing acuity.

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(b) Receptive and expressive communication skills shall be assessed by a teacher certified for Deaf and Hearing Impaired or Speech Pathologist with an interpreter or in the student's usual mode of communication.

(c) Evaluation of academic achievement and communication skills shall take into consideration the student's intellectual functioning, degree of hearing loss and method of communication and be evaluated by an educational consultant.

(d) Evaluation of adaptive behavior.

(e) Tests to determine intellectual functioning and learning abilities, when appropriate, shall be selected from non-language performance scales, standardized on, or adapted for, the hearing impaired. Psychologists administering these instruments must be trained or experienced in the administration and interpretation of such instruments.

(f) Academic achievement and learning abilities shall be evaluated by other qualified examiners as appropriate in judgment of the Evaluation Coordinator. These evaluations shall be conducted with an interpreter or in the student's usual mode of communication.

Note: When the data indicate a severe hearing impairment, the Evaluation Coordinator should refer the child to the specialized statewide assessment center at Louisiana School for the Deaf for Individual Evaluation.

HOSPITAL/HOMEBOUND

1. DEFINITION

Hospital/Homebound means any situation in which a medically diagnosed physical or mental impairment or illness, or the treatment thereof, precludes the movement of the individual from a hospital or home environment to the general educational environment.

2. CRITERIA FOR ELIGIBILITY

A student is eligible for special programs for homebound or hospitalized if the following criteria are met:

(a) Certification by a physician that the student is expected to be at home or hospitalized for at least 15 school days and will be able to participate in and benefit from an instructional program;

(b) Student is under constant medical care for illness or injury which is acute or catastrophic in nature, or a chronic physical condition which has acute phases and which requires homebound instruction during the acute phases;

(c) Student is free of infectious or communicable disease. If the student is not free of such disease, other appropriate instructional arrangements must be made such as instruction by school to home telephone;

(d) Parent or guardian signs parental agreement concerning homebound or hospital policies and parental cooperation;

(e) If of school age, student is enrolled in a public school and is expected to return within three months. An extension may be allowed with approval from State Department of Education, or

(f) The child is determined (after an individual evaluation which meets the standards) to be an emotionally disturbed child and;

  (1) A board certified psychiatrist or licensed psychologist who meets the standards of the National Register of Health Service Providers in Psychology has certified in a signed written report filed with the Division that:

    (a) The child is currently admitted to a full time inpatient program of care and treatment in a hospital certified or licensed by the State of Louisiana; and

    (b) The psychiatrist or psychologist believes that the continued participation of the child in the inpatient program is necessary to the proper care and treatment of the child, or;

  (2) A board certified psychiatrist or licensed psychologist who meets the standards of the National Register of Health Service Providers in Psychology has certified in a signed

written report filed with the Division that:

(a) The child is emotionally disturbed;

(b) The child is being provided a program of continuous care and treatment which would be seriously disrupted by movement to the general educational environment;

(c) The program of care and treatment in combination with the proposed homebound should permit the return of the child to the general educational environment at a specified date;

(d) A copy of a treatment plan for the child signed by the psychiatrist or licensed psychologist is attached to the written report together with a statement that he or she will notify the school board if the treatment plan is significantly changed or discontinued.

3. PROCEDURES FOR SCREENING

No specific screening required.

4. PROCEDURES FOR EVALUATION

The minimum evaluation for a student to determine eligibility shall be:

(a) A medical assessment on the state approved form from a physician(s) qualified by training or experience to assess the health problems, including a description of the handicapping condition with any medical implications for instruction. This report shall state the student is unable to attend school, whether or not he is free of communicable disease, and give an estimated duration of the condition;

(b) Educational evaluation by an educational consultant as specified by the Evaluation Coordinator;

(c) Periodic physical reexamination and a medical report by a physician(s) as requested by the Special Education Supervisor.

For emotionally disturbed students to be placed in a hospital or homebound program, an Individual Evaluation which meets all the standards for that exceptionality must be included along with the statements required in 2(f) of this section.

INFANTS

1. DEFINITION

A handicapped infant is one who is from birth to three years of age and has a severe to profound impairment of significant educational impact which without educational intervention will become progressively more difficult for intervention by school age. Examples of such impairment are: blindness; deafness; autism; severe aphasia; and severe or profound retardation.

2. CRITERIA FOR ELIGIBILITY

To be eligible for programs for handicapped infants, the student must demonstrate (a), (b), (c), and (d) below.

(a) From birth to three years of age.

(b) Severe to profound impairment as indicated by:

   (1) A severe physical handicap in areas such as sensory and/or motor functioning; or

   (2) In the lower one-third (33rd percentile or less) of the normal developmental distribution.

(c) Severe inability to interact with the environment whether physical or social.

(d) Evidence that educational intervention is necessary to the future ability to benefit from education.

3. PROCEDURES FOR SCREENING

No specific screenings required.

Screenings similar to those in the Non-categorical Preschool Handicapped are recommended.

4. PROCEDURES FOR EVALUATION

(a) Physical examination by an appropriately trained physician(s) which specifies the impairment(s) and assesses the extent to which the impairment will inhibit normal development. The report should also indicate facilitators to development and learning.

(b) Developmental evaluation, conducted by an appropriate developmentally trained or experienced professional.

(c) Educational evaluation which must include an assessment of the parent-infant, and climate of the home conducted by an appropriately trained or experienced educational consultant.

(d) Family evaluation to assess the family's ability to follow through with suggested interventions conducted by a social worker.

All of these evaluations shall be conducted utilizing instruments and/or procedures chosen from the approved list issued by the State Department of Education.

LEARNING DISABLED

1. DEFINITION

Learning disabled means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps; of mental retardation, of emotional disturbance; or of environmental, cultural, or economic disadvantage.

2. CRITERIA FOR ELIGIBILITY

A student is eligible for special programs in learning disabilities if the student meets all of the following criteria:

(a) Evidence of academic deficits.

  (1) Determine a present level of intellectual functioning (Estimated Learning Potential (ELP) from SOMPA or other non-discriminatory estimate of intellectual functioning).

  (2) Determine the standard score which equals the intellectual functioning score.

  (3) Determine the expected achievement raw score in each academic area corresponding to the standard score.

(4) Convert this score to a grade equivalent. This converted grade equivalent is the child's expected level of academic functioning. (Note: Some publishers report percentile ranks which can be converted to standard scores through published tables.)

(5) Using expected level of academic functioning find the raw score, expected mean and standard deviations for each academic skill area grouped as follows:

[a] Oral expression or listening comprehension;

[b] Written expression;

[c] Reading recognition, reading comprehension, or spelling;

[d] Math calculations, or math reasoning;

[e] Other age-appropriate developmental skill areas.

(6) The student's actual earned raw score must be one or more standard deviations below the mean for the expected level of academic functioning in one to three skill areas listed as (5) [a], [b], [c], [d], or [e], for students in the third grade or nine years of age or less.

(7) For students in the fourth grade or 10 years of age and above one and one half standard

deviations as derived above will be used, and this deficit must be evidenced in one to three or (5) [a], [b], [c], or [d].

(8) Self-contained L.D. placement shall be made only when two to four (a), (b), (c), (d), or (e) areas meet the above criteria.

(b) Evidence of a disorder in one or more of, but not all of, the basic psychological processes which is based upon an intra-individual comparison. Process areas are defined as: visual, auditory, tactile and kinesthetic, integrated language, and integrated sensory.

(1) Based on a student's expected level of functioning a score of more than one standard deviation below his/her intra-individual mean in one process area. In cases where the standard deviation is not available, a score of more than one year below the student's mental age, test age or expectancy age in one or more process areas may be used.

(c) Evidence that learning problems are not due primarily to other handicapping conditions as indicated below:

(1) An intellectual assessment of not more than one standard deviation below the mean of an approved individually administered instrument of intellectual functioning, or evidence that a

score of one standard deviation below the mean is not a reliable indicator of the student's intellectual potential.

(2) For students with visual processing deficits, visual acuity of at least 20/70 in one eye with best possible correction, or evidence that the student's inability to perform adequately on tasks which require visual processing is not due to poor visual acuity.

(3) For students with auditory processing or language deficits, auditory acuity of not more than a 30 decibel loss in one ear unaided, or evidence that the student's inability to perform adequately on tasks which require auditory processing or language is not due to poor auditory acuity.

(4) For students with a motor handicap, evidence that their inability to perform adequately on tasks which assess the basic psychological processes is not due to the motor handicap.

(5) For students who exhibit consistent severe emotional disturbance, evidence that their inability to perform adequately on tasks which assess the basic psychological processes is not due to their emotional disturbance.

(d) Documented evidence including adequate school attendance which indicates that general educational alternatives appropriate for the child's age and ability levels have been attempted and found to be ineffective in meeting the student's educational needs.

(e) Evidence which indicates that the deficits are not primarily due to environmental, cultural, or economic disadvantage. An ELP score of greater than two and one half (2.5) Standard Error of Measurements above the full scale I.Q. constitutes socio-cultural disadvantage. Upon re-evaluation, children in L. D. classes may be recommended for continued placement even though they do not meet the above criteria so long as:

(1) The child is still operating below academic expectancy; and

(2) Documented educational progress has been made.

3. PROCEDURES FOR SCREENING

Prior to referral for determining eligibility the following data shall be collected at the student's school:

(a) Documented and dated evidence that conferences concerning the student's specific problem have been conducted. These conferences shall include but not be limited to the parents or guardian, administrative personnel, and teaching personnel.

(b) Behavioral observations in the classroom which describe the student's learning problem and which document that it occurs in the classroom setting.

(c) Documented evidence of two educational alternatives attempted within the school which are relevant to the presenting problems of the child. These interventions shall include, but not be limited to change in the student's class schedule or teacher; change in curriculum; change in techniques of instruction; or interventions provided by student services personnel.

(d) Visual and hearing screening.

(e) Results of speech screening.

(f) Any social, psychological or medical data included in the student's cumulative folder.

(g) Student's attendance record if excessive absences are noted, and reasons for the excessive absenteeism.

4. PROCEDURES FOR EVALUATION

The following evaluations are required to determine a student's eligibility and educational placement:

(a) Psycho-educational to determine the student's level of functioning in basic psychological process areas consistent with the criteria;

(b) Educational performance evaluated by an educational consultant;

(c) Intellectual functioning assessment conducted by a psychologist;

(d) Assessment of emotional functioning;

(e) Behavioral and descriptive data documenting a student's performance which may be adequately supplied by the screening data.

(f) When there is evidence of "hyperactivity", referral shall be made to a physician for a competent neuro-developmental evaluation.

"Hyperactivity" must be assessed, and evidence documented by the evaluator(s) which supports this behavior pattern in at least three of the following situations:

(1) Parental report of occurrence in the home;

(2) Teacher report of occurrence in the classroom;

(3) Evaluator observation in the classroom; or

(4) Evaluator observation in the controlled evaluation situation.

MENTALLY RETARDED

1. DEFINITION

Mental retardation is significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behavior, both manifested during the developmental period, which adversely affects a child's educational performance. The developmental period is the time between birth and the eighteenth birthday.

In every case determinations of mental retardation shall be based on an assessment of a variety of factors including adaptive behavior, and past and current development activities (e.g., indices or manifestations of social, intellectual adaptive, verbal, motor, language, emotional, and self-care development for age).

(a) Mild mentally retarded is a child who is mildly impaired in intellectual and adaptive behavior and whose development reflects a reduced rate of learning. The measured intelligence of a mild mentally retarded student generally falls between two and three standard deviations below the mean, and the assessed adaptive behavior falls below age and cultural expectations and within the same deviations as the intellectual functioning.

(b) Moderate mentally retarded is a child who is moderately impaired in intellectual and adaptive behavior and whose development reflects a reduced rate of learning. The measured intelligence of a moderate mentally retarded student generally falls between three and four standard deviations below the mean and the assessed adaptive behavior falls below age and cultural expectations and within the same deviations as the intellectual functioning.

(c) Severe mentally retarded is a child who is severely impaired in intellectual and adaptive behavior. The measured intelligence of a severely retarded student generally falls between four and five standard deviations below the mean, and the assessed adaptive behavior falls below age and cultural expectations and within the same deviation as the intellectual functioning.

(d) Profound mentally retarded is a child who is profoundly impaired in intellectual and adaptive behavior and whose development reflects a reduced rate of learning. The measured intelligence of a profoundly retarded student generally falls below five standard deviations below the mean and the assessed adaptive behavior falls below age and cultural expectations and within the same deviations as the intellectual functioning.

2. CRITERIA FOR ELIGIBILITY

A student is eligible for a special program for the mentally retarded if for that student:

(a) The measured level of intellectual ability is two or more standard deviations below the mean and, depending on the amount of deviation shall be assigned to the sub-classifications according to definitions described in 1. (a), (b), (c), and (d). The standard error of measurement for that instrument may be considered in individual cases. The profile of intellectual functioning must show consistent sub-average performance in the majority of areas evaluated;

(b) The assessed level of adaptive behavior is below age and cultural expectations, and generally within the same deviation below the mean as the intellectual level. When the adaptive behavior is above [illegible] measured intellectual functioning, the student must be assigned to the higher sub-category unless data can be presented which clearly indicates it would be harmful to the child's educational progress to do so;

(c) Sub-average performance on a standardized measure of academic achievement which is consistent with assessed intellectual and adaptive behavior functioning levels;

(d) Evidence that the deficits occurred prior to the eighteenth year.

3. PROCEDURES FOR SCREENING

(a) Visual screening.

(b) Hearing screening.

(c) Speech screening.

(d) Group achievement test results.

4. PROCEDURES FOR EVALUATION

The minimum evaluations for a student shall be:

(a) A standardized non-discriminatory individual assessment of intellectual functioning conducted individually. This instrument or procedure shall be chosen from the list which has been approved pursuant to section 436 (b) of the Regulations for Act 754 and administered by a psychologist certified or trained in proper administration and interpretation of that instrument;

(b) An assessment of adaptive behavior. The adaptive behavior measure must have a veracity scale or some form of objective data supporting the validity of the information;

(c) A standardized test of academic achievement at the appropriate age level and administered individually by an educational consultant;

(d) Where appropriate, the Evaluation Coordinator shall request an examination by a physician skilled in diagnosis and treatment of neurological disorders;

(e) The examiner(s) on the multidisciplinary team for the child shall certify that the data collected in all areas are consistent with the classification of Mental Retardation and with the particular sub-classification assigned to the child.

Intellectual Functioning is assessed with one or more of the approved, nondiscriminatory, individually administered intelligence instruments or procedures. Even without ethnic, cultural, and other bias such instruments only measure current intellectual functioning particularly as it relates to pre-academic and academic performance. Results of such instruments are often additionally contaminated by variables such as emotional functioning as well as specific environmental factors. As such measured intellectual functioning may change drastically from time to time, it is the responsibility of the examiners to ensure that the results reported and the range of impairment as signed reflect the intellectual functioning of the person and not only the measured intellectual performance at that time.

Adaptive behavior is the result of the interaction of an individual's intellectual abilities with the broader (as compared to school) environmental and cultural expectations and opportunities to learn. These intellectual abilities are manifested by everyday activities such as going to the store, handling one's own money, etc. Thus individuals with the same measured intellectual functioning may be widely different in other manifestations of intelligence such as adaptive behavior.

For a person to be labeled mentally retarded and assigned to one of the sub-categories there must be agreement in all indices of intelligence, particularly intellectual functioning and adaptive behavior. If any of the indices are higher, the label assigned must be consistent with an integrated picture of the person and not only on measured intellectual performance.

The burden is upon the examiner and the Evaluation Coordinator to avoid misclassification with its potential stigmatizing effects and to rule out the influence of variables such as emotional disorders, social conditions, etc.

Mental retardation is descriptive of current behavior and does not necessarily imply prognosis. Prognosis is related to such factors as associated conditions, motivation, treatment, and educational and training opportunities more than to "mental retardation" itself.

Adapted from:
Grossman, H.J., ed., Manual of Terminology and Classification in Mental Retardation, A. A. M. D., 1977 Revision.

MULTI-HANDICAPPED

1. DEFINITION

Multi-handicapped means concomitant impairments (such as mentally retarded-blind, orthopedically impaired-deaf, etc.), the combination of which causes such severe educational problems that they cannot be accommodated in special education programs solely for one of the impairments. The term does not include deaf-blind individuals.

2. CRITERIA FOR ELIGIBILITY

A student shall be eligible for inclusion in programs for the multi-handicapped who meets the criteria for both (a) and (b).

(a) Meets the full criteria for eligibility as determined by the approved evaluation of two or more of the handicapping conditions defined in regulations and this section. Each of these conditions must additionally be to a severe degree or one must be severe with two additional handicaps to at least a moderate degree. One of these handicaps may not be speech impaired, hospital/homebound, learning disabled, or slow learner.

(b) Cannot be educated in a special educational program specifically designed for one of the impairments with additional related services for the other handicapping condition.

3. PROCEDURES FOR SCREENING

Acceptable screening for the appropriate exceptionalities.

4. PROCEDURES FOR EVALUATION

(a) The approved procedures for the handicapping conditions manifested by the individual as included in other sections of this section must be used.

(b) The evaluation must indicate and the team must certify that the handicapping conditions are each severe or, as appropriate under 2(a), at least moderate.

(c) An educational assessment conducted by an educational consultant must indicate the needed educational strategies and why it is impossible for a program for one impairment to provide for the student's needs.

NON-CATEGORICAL EARLY CHILDHOOD HANDICAPPED

1. DEFINITION

This generic category is offered to allow for grouping of children at comparable functioning levels regardless of the specific handicapping condition. Functional levels are comparable if the profile of areas evaluated - physical, social, emotional, and sensory-cognitive - generally match.

2. CRITERIA FOR ELIGIBILITY

The child must be impaired in functioning to either a mild, moderate, severe, or profound degree as compared to his expected level according to chronological age or developmental stage in one or more of the following areas:

(a) Physical, which includes
  (1) Gross Motor
  (2) Fine Motor
  (3) Sensory (visual or hearing)
  (4) Sensory-Motor
  (5) Stamina
(b) Social
  (1) Play (solitary, parallel, cooperative)
  (2) Peer
  (3) Adult

(c) Sensory-Cognitive
  (1) Language (Receptive or Expressive)
  (2) Concrete abstract
  (3) Symbolic codes (letters and numbers)
  (4) Sensory discriminations
  (5) Categorization and Sequencing
  (6) Task attention
  (7) Memory
  (8) Play - Representational ability

(d) Emotional
  (1) Expression of appropriate range of emotions
  (2) Range of objects toward which emotions are expressed including things, animals, others and self
  (3) Appropriateness of the situations in which the emotions are expressed
  (4) Play (Role taking)

(e) The child must be of three through five years of age.

3. PROCEDURES FOR SCREENING

No specific screening is required. When conducted, the screening should be carried out by educators, nurses, or by trained volunteers under supervision.

Acceptable ways of accomplishing this screening are through approved:

(a) Parent questionnaires;
(b) Developmental milestone records;
(c) Behavioral checklists;

(d) Speech/Language;

(e) Motor;

(f) Visual screenings;

(g) Hearing screening including pure tone and tympanometric;

(h) Educational/cognitive screening tasks.

4. PROCEDURES FOR EVALUATION

At a minimum, evaluation shall include all areas outlined in the criteria for eligibility assessed to the appropriate depth and must include:

(a) A physical examination by a physician(s) when judged appropriate by the Evaluation Coordinator.

(b) Educational evaluation by an educational consultant trained and experienced in the evaluation of early childhood disorders and/or development.

(c) Visual evaluation by a physician or optometrist when screening indicates it is necessary.

(d) Hearing evaluations by an audiologist. Utilizing techniques which do not require responses from the child, such as, evoked potentials, when screening indicates a need.

(e) A family evaluation conducted by a social worker which provides information concerning the family strengths and weaknesses and the nature of the parent-child relationships when homebased instruction is a consideration.

(f) Where appropriate chemical analysis should be conducted which may include metabolic screening, chromosonal and/or heavy metal content determinations.

NOTE: The evaluation must include a clear statement of the major area of impairment and the degree (mild, moderate, severe or profound) of that impairment.

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ORTHOPEDICALLY HANDICAPPED

1. DEFINITION

Orthopedically Handicapped means a severe orthopedic impairment which adversely affects a child's educational performance. The term includes impairments caused by congenital anomaly (e.g., clubfoot, absence of some member, etc.), impairments caused by disease (e.g., poliomyelitis, bone tuberculosis, etc.), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns which cause contractures).

2. CRITERIA FOR ELIGIBILITY

A student is eligible for a special program for orthopedically impaired if the student has (a) and (c) or (b) and (c):

(a) Muscular or neuromuscular handicaps which significantly limit the ability to move about, sit or manipulate the materials required for learning; or,

(b) Skeletal deformities or abnormalities which affect ambulation, posture, and body use necessary in school work; and,

(c) Impaired environmental functioning which interferes with educational performance.

3. PROCEDURES FOR SCREENING

(a) Hearing screening.

(b) Vision screening.

(c) Speech screening.

4. PROCEDURES FOR EVALUATION

The minimum evaluation for a student shall be:

(a) A report of a medical examination within the previous six-month period, from a physician(s) qualified by training or experience to assess the student's orthopedic or neurological problems, giving a description of the impairment and any medical implications for instruction. This report shall state that the student is unable to or is restricted in ability to attend regular classes because of an orthopedic or neurological impairment and indicate both inhibitors and facilitators to education;

(b) An educational evaluation conducted by an Educational Consultant which identifies educational and environmental adjustments needed;

(c) When not already accomplished and determined by the Evaluation Coordinator to be necessary, the following screenings and/or evaluations;

  (1) Psychological,

  (2) Social.

(d) An annual medical examination to determine changes in the physical condition of the student or as requested by the Special Education Supervisor.

OTHERWISE HEALTH IMPAIRED OR HANDICAPPED

1. DEFINITION

Other health impaired means limited strength, vitality or alertness, due to chronic or acute health problems or any physical impairment to a major body system which substantially limits one or more major life activity and adversely affects a child's educational performance.

2. CRITERIA FOR ELIGIBILITY

A student is eligible for a special program for the health impaired if the student exhibits (a) or (b) and (c):

(a) Disabilities which result in reduced efficiency in school work because of temporary or chronic lack of strength, vitality, or alertness, including conditions such as: heart condition; tuberculosis; rheumatic fever; nephritis; asthma; sickle cell anemia; hemophilia; epilepsy; lead poisoning; leukemia; or diabetes.

(b) A severe disability which substantially limits one or more of the student's major life activities (that is, caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working).

(c) These disabilities must be other than those defined as handicapping conditions in the law and regulations and elsewhere in this section.

(d) Pregnant students may be classified as other health impaired.

3. PROCEDURES FOR SCREENING

(a) Vision

(b) Hearing

(c) Speech

4. PROCEDURES FOR EVALUATION

The minimum evaluation for a student shall be:

(a) A report of a medical examination within the previous six months from a physician(s) qualified by training or experience to assess the student's health problem(s), giving a description of the impairment and any medical implications for instruction. This report shall state that the student is unable to, or is restricted in ability to attend regular classes because of health impairment.

(b) An educational evaluation conducted by an Educational Consultant which identifies educational and environmental adjustments needed.

(c) An annual medical assessment to determine any changes in the physical condition or as requested by the Special Education Supervisor.

SEVERE LANGUAGE DISORDERED

1. DEFINITION

Severe language disordered is a type of speech impairment resulting from any physical or psychological condition which seriously interferes with the development, formation and expression of language.

2. CRITERIA FOR ELIGIBILITY

A student is eligible for special programs for the severe language disordered if the student demonstrates (a), (b) and (c):

(a) Expressive, integrative and/or receptive language skills four or more standard deviations below the mean in at least one of the above areas as measured by standardized test(s) of language functioning and as compared to his developmental level;

(b) Communication is an effort or is unintelligible;

(c) Significant deficits in educational progress.

3. PROCEDURES FOR SCREENING

(a) Hearing screening.

(b) Vision screening.

(c) Speech and language screening according to the severity scales in the Speech Impaired criteria.

4. PROCEDURES FOR EVALUATION

(a) Individually conducted evaluation of the student's receptive, integrative and expressive language functioning in verbal, gestural and graphic channels which is conducted by a licensed Speech Pathologist utilizing standardized instruments.

(b) Individual assessment of current academic and educational functioning utilizing standardized instruments and conducted by an educational consultant.

(c) Psychological and/or medical assessment when appropriate shall be requested by the Evaluation Coordinator.

SLOW LEARNER/EDUCATIONALLY HANDICAPPED

1. DEFINITION

Educationally handicapped or slow learner is a rate of acquisition and/or retention of information or educational skills significantly slower than the rate expected for children of the same age within the State, but not including all educationally deprived children eligible to participate in programs funded under Title I of the Elementary and Secondary Education Act of 1965 (cf. 45 CFR 116a.2).

2. CRITERIA FOR ELIGIBILITY

A student is eligible for a special program for the slow learners if the student meets all of the following criteria:

(a) Impairment

Individually assessed intellectual potential which is one and one-half of two standard deviations below the mean of an instrument which is unbiased for economic, cultural, and ethnic variables.

(b) Educational Deficits

(1) Achievement measured by a standardized norm-referenced test which is one and one-half of two standard deviations below the mean for chronological age.

(2) Achievement must be within this range or lower in all of the basic skill areas listed below:

(a) Reading recognition

*Revised May 24, 1979

    - (b) Reading comprehension
    - (c) Spelling
    - (d) Math calculations
    - (e) Math concepts

(c) Not eligible for Title I Programs. This determination shall be made by the local school systems.

3. PROCEDURES FOR SCREENING

(a) General

- (1) Vision screening
- (2) Hearing screening
- (3) Speech and Language screening
- (4) Group achievement test results must be used for educational screening

(b) Specific

Two appropriate educational interventions which must include curricular, teacher, or classroom changes or modifications.

4. PROCEDURES FOR EVALUATION

(a) Standardized achievement measures individually administered by an educational consultant.

(b) An individual standardized instrument of intellectual abilities administered by a school psychologist.

(c) Classroom behavior must be assessed.

SPEECH IMPAIRED

1. DEFINITION

Speech impaired means a communication disorder such as stuttering, impaired articulation, a language impairment, or a voice impairment which adversely affects a child's educational performance. The basic communication system, whether verbal, gestural or graphic, of such a child evidences disorder or deviations in language, articulation, fluency or voice, which interferes with educational performance.

(a) Language. Impaired receptive and associative problems (e.g., comprehension, perception, organization, understanding, or memory), or expressive disorder of phonology, morphology, syntax and semantics.

(b) Articulation. Nonmaturational speech disorders characterized by omission or incorrect production of speech sounds due to faulty placement, timing, direction, pressure, speed, or integration of the movement of the lips, tongue, velum, or pharynx.

(c) Fluency. Inappropriate rate and time patterning of speech characterized by any of the following: sound and syllable repetitions; sound prolongations; audible or silent blocking; interjections; broken words; circumlocutions; or words produced with an excess of tension and accompanied by ancillary movements that are indicative of stress or struggle.

(d) Voice. Any deviation in pitch, intensity, quality or other basic verbal attribute which consistently interferes with communication and is inappropriate to student's age, sex, or culture.

2. CRITERIA FOR ELIGIBILITY

A student is eligible for special programs in speech and language if both (a) and (b) are true.

(a) The student demonstrates one or more of the defined impairments to a degree inappropriate for the student's expected level according to his cultural and social background, chronological age, stage of development, and sex. The degree of severity in each area shall be defined according to the following scales.

LANGUAGE SEVERITY SCALE

Mild	According to appropriate diagnostic tests used, the expressive and/or receptive skills indicate a difference of 12-18 months from normal language behavior.
Moderate	According to appropriate diagnostic tests used, the expressive and/or receptive skills indicate a difference of 18-24 months from the norm. Conversational speech shows definite indications of language deficit.

*Severe	According to appropriate diagnostic tests used, the expressive and/or receptive skills indicate a difference of 24-36 months from the norm. The language problem interferes with communication and educational progress and is usually accompanied by a phonology problem.
*Profound/ Multiple	a. According to appropriate diagnostic tests used, the expressive and/or receptive skills indicate a difference of 36 months or more from the norms. Communication is an effort and could range from no usable language to unintelligible speech and language. Educational progress is extremely difficult. This language problem is usually accompanied by a severe phonology problem. b. A combination of severe language impairment and at least a moderate impairment in any of one of the other areas.

When screening students in a regular class, a comparison should be made between the pupil's language age score (as determined by appropriate diagnostic instruments) and their chronological age. Pupils suspected of being handicapped and who are in Individual Evaluation shall have their language age scores compared to their developmental age.

*Note: For severe language impairments these are screening criteria. Refer to the Severe Language Disordered section for evaluation criteria.

ARTICULATION SEVERITY SCALE

Mild	One or two misarticulations of phonemes, whether substituted, omitted, or distorted. Sounds may be stimulable and close to normal limits for phoneme development for chronological age.
Moderate	Three or more misarticulations of phonemes, still not interfering with intelligibility.
Severe	Unintelligible some of the time. Interferes with communication. Shows sign of frustration. Some phonemes are stimulable. Distractible to listener.
Profound/ Multiple	a. Unintelligible all of the time. Interferes with communication. Pupil shows sign of frustration and refuses to speak at times. Difficult to stimulate most sounds.

b. A combination of severe articulation impairment and at least moderate impairment in any one of the other areas.

FLUENCY SEVERITY SCALE

Mild	One to three stuttered words per minute. No struggle behavior present. Child is not really concerned or aware of problem. Parents, peers and/or others must be aware of the problem, but may not be concerned.
Moderate	Three to five stuttered words per minute. Child is becoming aware of problem. Parents, peers and/or others must be aware and must be concerned about the problem.
Severe	Five to ten stuttered words per minute. Child is aware of problem. Struggled behavior is present, but not predominant.
Profound/ Multiple	a. About ten stuttered words per minute. All communication is an effort. Avoidances and frustrations are obvious, struggle behavior is predominant and may be evidenced by complete blocking. b. A combination of a severe fluency impairment and at least moderate impairment in any other area.

Stuttered words per minute will be calculated by eliciting a representative sample of conversational speech and oral reading and by tallying the following:

(1) Part word repetitions;
(2) Whole word repetitions;
(3) Prolongations;
(4) Struggle behavior;
(5) Intermittent blocking.

Stuttered words per minute can be calculated by dividing the minutes into the number of stuttered words.

VOICE SEVERITY SCALE

Mild	A voice disorder which causes a slight deviation in pitch, quality, resonance or intensity.
Moderate	A voice disorder which causes a consistent voice difference in pitch, quality, resonance, or intensity as noted by a casual listener.
Severe	A voice disorder which causes a significant difference in pitch, quality resonance, or intensity as noted by trained listener.
Profound/ Multiple	a. The student evidences habitual aphonia. b. A combination of severe voice impairment and at least moderate impairment in any one other area.

(b) A student is eligible for special programs in speech and language in accordance with the above scales if there is evidence that the problem interferes with the child's educational performance.

3. PROCEDURES FOR SCREENING

(a) All kindergarten students and students who have not been enrolled previously in any public school should be screened for language, articulation, fluency, and voice disorders.

(b) Students being considered for language or speech programs shall be screened for hearing.

Note: No student will be eligible for a special program on the basis of screening results alone.

4. PROCEDURES FOR EVALUATION

(a) Licensed Speech Pathologist shall be responsible for implementing and conducting formal identification and diagnostic assessment programs for students evidencing a suspected disability in language, articulation, fluency, or voice.

(b) Students evidencing an impairment articulation, fluency, voice or language impairment shall be evaluated by a licensed Speech Pathologist.

(c) Standardized test instruments or published normative data in speech pathology shall be employed in evaluation of students evidencing a suspected disability in language, articulation, fluency or voice.

(d) Medical and psychological examinations shall be requested by the Evaluation Coordinator when appropriate to the evaluation of a suspected disability in language, articulation, fluency or voice.

(e) In all cases a child with voice impairment shall have a physician added to the team for a laryngeal examination.

(f) An educational evaluation conducted by an educational consultant which indicates that the speech impairment interferes with the child's educational performance and progress.

Pupil Appraisal Process

Instructions For Use Of The Forms

L.A. SPECIAL EDUCATION MEASURES UP

Louisiana State Department of Education
J. Kelly Nix, State Superintendent

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PUPIL APPRAISAL PROCESS OVERVIEW

Four choices are available for appraisal of children suspected of being exceptional and in need of special services.

1. Initial Screening Process: Notice to the parent is required.

   Classroom based screening of the child's performance and history is conducted by the teacher and principal.

   Every referred child enrolled in school is screened.

   A child not enrolled in school is screened by the Child Search Coordinator who adapts the forms and gathers information from the parent(s) or other sources concerning the need for special services (i.e., initial concerns, behavior ratings, general health, etc.).

2. Educational Assessment Program: Parental approval is required.

   A four to six-week assessment program at the school is conducted by an Assessment Teacher and the student's teacher.

   A prescriptive educational plan is developed for the child if he remains in the regular classroom. Further appraisal service may be proposed when needed by children.

3. Individual Evaluation: Parental approval is required.

   A multidisciplinary team composed of persons from different professional backgrounds is appointed by the Evaluation Coordinator. Each team is formed to meet the particular needs of the child for referral to an individual evaluation program.

4. Medical Assessment: Parental approval is required.

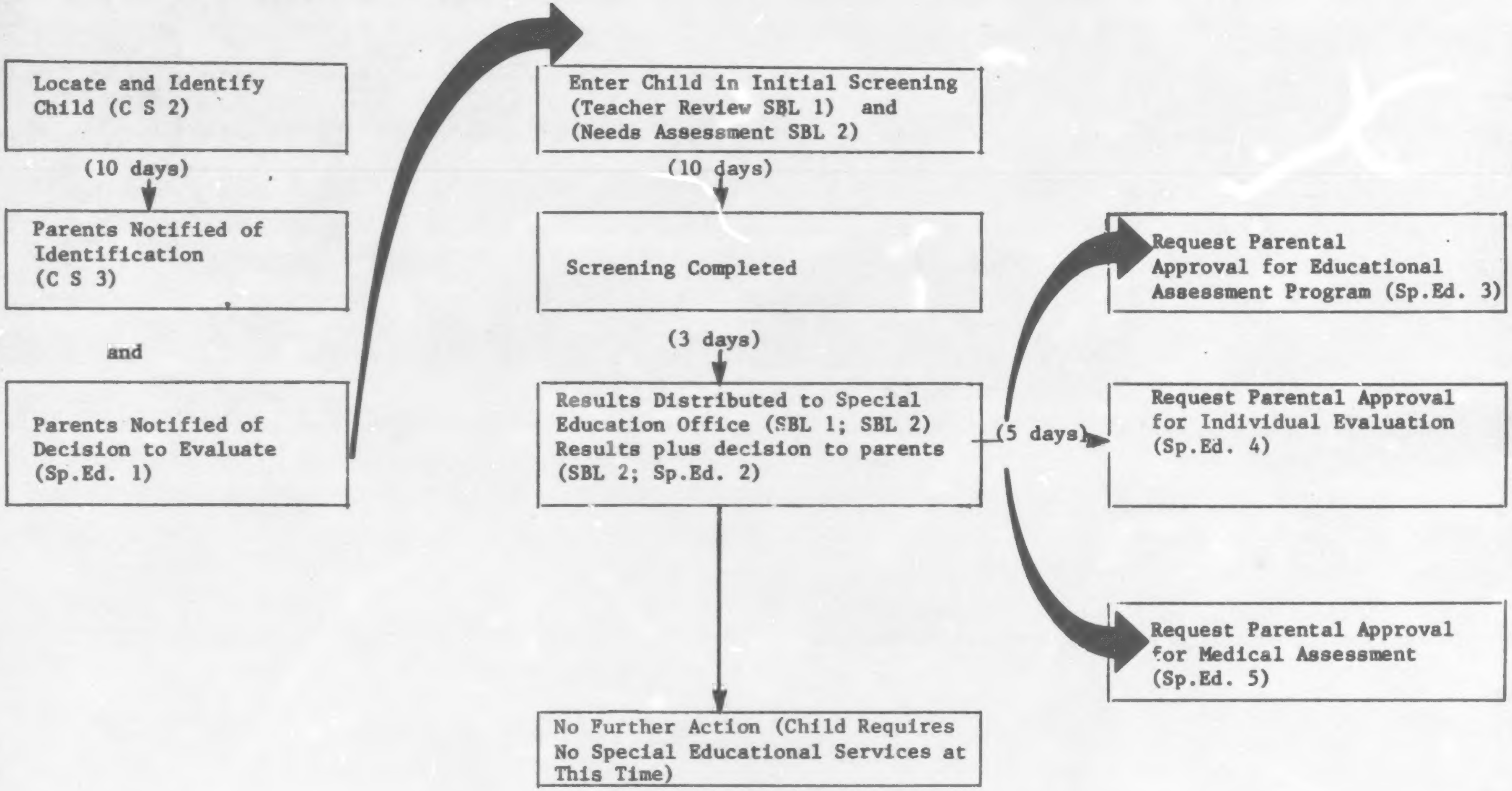
   At any time during the evaluation process, school board staff may propose for parental approval a complete evaluation of a child's physical and/or medical condition.

A child may be provided all of the above services until the student's needs are identified and a plan to intervene is developed for either regular or special education.

Solutions to a child's problem can be found through each of the four appraisal services.

PUPIL APPRAISAL PROCESS-1

Through Initial Screening


Locate and Identify Child (C S 2)
(10 days)
Parents Notified of Identification (C S 3)
and
Parents Notified of Decision to Evaluate (Sp.Ed. 1)
Enter Child in Initial Screening (Teacher Review SBL 1) and (Needs Assessment SBL 2)
(10 days)
Screening Completed
(3 days)
Results Distributed to Special Education Office (SBL 1; SBL 2) Results plus decision to parents (SBL 2; Sp.Ed. 2)
(5 days)
No Further Action (Child Requires No Special Educational Services at This Time)
Request Parental Approval for Educational Assessment Program (Sp.Ed. 3)
Request Parental Approval for Individual Evaluation (Sp.Ed. 4)
Request Parental Approval for Medical Assessment (Sp.Ed. 5)

When school personnel (principal, teacher, etc.) express concerns about a child, the following steps are completed:

1. Complete the Child Identification form (CS2).

2. Send the Parent Notice of Identification (CS3) and the Decision for Evaluation (Sp.Ed. 1).

3. The Teacher Review (SBL 1) form is completed by the teacher.

4. Principal (or designee) and the teacher complete the Needs Assessment (SBL 2).

   The Initial Screening Process is now complete.

5. Report by:

   a. Forwarding the Teacher Review (SBL 1) and the Needs Assessment (SBL 2) to the special education office, and

   b. Deliver the Needs Assessment (SBL2) and Report of Initial Screening (Sp. Ed. 2) to the parent.

6. If the student needs further evaluation, request parental approval for:

   a. The Educational Assessment Program (Sp.Ed. 3), or

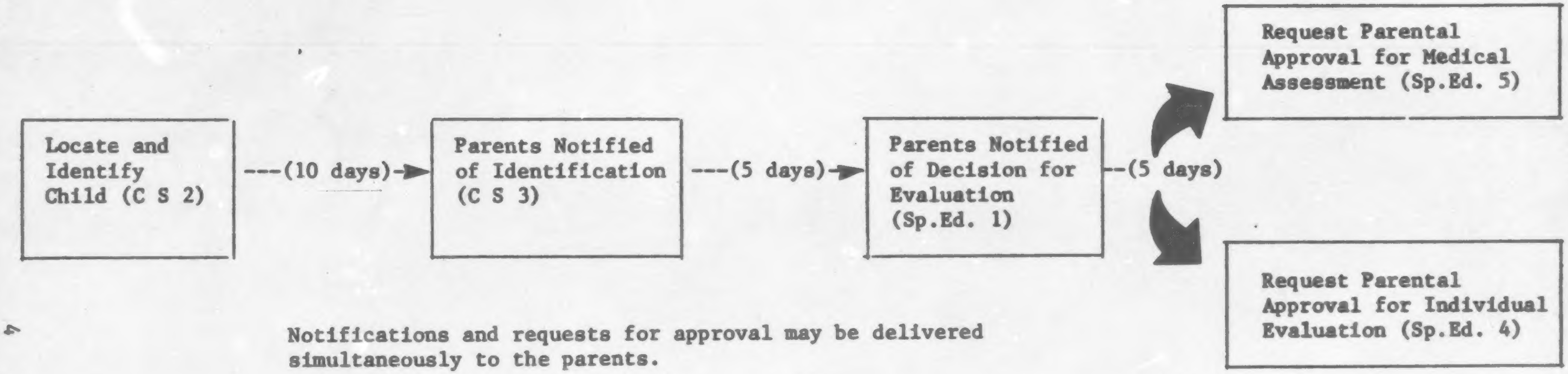
   b. Individual Evaluation (Sp.Ed. 4), or

   *c. Medical Assessment (Sp.Ed. 5).

*May be proposed for approval by Special Education Supervisor at any point in the process.

PUPIL APPRAISAL PROCESS-2*

Through Means Other Than Initial Screening


Locate and Identify Child (C S 2)
---(10 days)→
Parents Notified of Identification (C S 3)
---(5 days)→
Parents Notified of Decision for Evaluation (Sp.Ed. 1)
-(5 days)
Request Parental Approval for Medical Assessment (Sp.Ed. 5)
Request Parental Approval for Individual Evaluation (Sp.Ed. 4)

Notifications and requests for approval may be delivered simultaneously to the parents.

*This process is used when it is impossible for a child to go through Initial Screening.

May only be used by Central Office Personnel (supervisors of special education, child search, etc.)

e.g. The child is not enrolled in school and cannot be enrolled.

The child's behavior is such that it imposes an immediate danger to self or others.

CHILD IDENTIFICATION FORM

CODE	CS 2 (Child Search 2)
COMPLETED BY	The Child Search Coordinator or school personnel, if this process is initiated by the school.
PURPOSE	This form provides the special education office with the information required to initiate the evaluation process. This is the only place where some of the identifying information will be recorded, e.g., the parents' name, address, native language, etc.
FLOW	The child identification information is collected before making a decision about the type(s) of appraisal service. The processes for each child will generally follow the format below:

SPECIFIC INSTRUCTIONS

1. Student's identifying information: The address listed should be the address of child's present residence.

2. Ethnic Background:

   Anglo: Caucasian Non-Hispanic
   BIA Native American: Tribes recognized by the federal government.
   Native American: Other American Indians located within Louisiana who are not recognized by the federal government. For more information concerning either group contact: Louisiana Bureau of Indian Affairs, P. O. Box 44455, Baton Rouge, Louisiana 70804, Mr. Pete Mora, Director.
   Hispanic: Cuban, Puerto Rican, Mexican, Black Hispanic, Spanish Surname
   Black: Afro American Non-Hispanic
   Other: Alaskan Native, Oriental American

3. Primary Language: If the answer to any of these questions is other than English a recommendation for bilingual education is considered. An interpreter may be needed for evaluation and contact with the parents.

4. Referred by: When classroom teachers or other school personnel refer the child, they must sign the referral. Other parties not associated with the school system may inform the Child Search Coordinator without giving their name.

5. Child Search Tracking: The blocks for PAS # and SSD # are not to be used at this time. All other information is to be completed either by the Child Search Coordinator or the person at the school who is completing this form.

Section I

CHILD IDENTIFICATION

LOUISIANA PUBLIC SCHOOLS
PUPIL APPRAISAL SERVICES

CS 2
Page 1 of 1

CHILD IDENTIFICATION

STUDENT: ①

1. **Name** ______________________________
Last First Middle

2. **Address** ______________________________
No. Street

____
City State Zip Code

3. **Telephone** ____________________
Area Code Number

4. **Birthdate** ____________________
Month Day Year

5. **Age** __________ __________
Years Months

6. Legal Guardian:
☐ Parents
☐ Mother
☐ Father
☐ Other

7. Ethnic Background ②
☐ Anglo
☐ BIA Native American
☐ Native American
☐ Hispanic
☐ Black
☐ Other

8. Sex: ☐ Male ☐ Female

9. Primary Language ③
Child's first acquired language ____________________
Language most often spoken by student ____________________
Language most often spoken in the home ____________________

PARENT(S)

10. Name ______________________________
Last First Middle

11. Address ______________________________
No. Street

____
City State Zip Code

12. Telephone ____________________
Area Code Number

13. Live with child:
☐ Yes ☐ No

14. Marital Status:
☐ Married ☐ Divorced
☐ Separated ☐ Unknown

SCHOOL:

15. Name ______________________________

16. Address ______________________________

____

17. Telephone ____________________
Area Code Number

18. ____________________
Grade/Class

19. Current Educational Program
☐ None ☐ Regular ☐ Special

20. ____________________
How long in present school

DO NOT WRITE IN THIS SPACE ⑤

PAS# ____________________

SSD# ____________________

Current Placement:
☐ Regular Class
☐ Regular Class with Services
☐ Special Class
☐ Cooperative Program
☐ District #1
☐ Non-public Program
☐ Pre-school Program
☐ Day Care Program
☐ Not in School

Interpreter Needed:
☐ Yes

Surrogate parent needed:
☐

Initiated by:
☐ School
☐ Parent(s)
☐ Public Agency
☐ Private Agency (Specify)
____
☐ Other (Specify)

How did you learn about this office? ____________________
____

Decision for Assessment Program (If Appropriate)
☐ Initial Screening
☐ Educational Assessment Program
☐ Individual Evaluation

Date Completed: ____________________

Notification:
☐ Parent/Guardian
Date ____________________

☐ Special Education Supervisor
Date ____________________

____
Child Search Coordinator

REFERRED BY: (OPTIONAL UNLESS TEACHER) ④

21. Name ______________________________

22. Address ______________________________

____

23. Telephone ____________________ ____________________
Area Code Number Position

24. How long have you known student? ____________________

25. In what capacity? ____________________

____

____

26. Reasons for concern: (If not teacher) ______________________________

____

____

27. ☐ Other pertinent information attached.

(Evaluation File-White) (Cumulative Folder-Canary) (Child Search Coordinator-Pink)

LOUISIANA PUBLIC SCHOOLS
PUPIL APPRAISAL SERVICES

CS 2
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CHILD IDENTIFICATION

STUDENT:

1. Name Fisher, Sam Tyler
Last First Middle

2. Address 7001 Locust Ave.
No. Street
Redding, LA 70632
City State Zip Code

3. Telephone (504) 637-1420
Area Code Number

4. Birthdate 9 - 17 - 69
Month Day Year

5. Age 10 Years 1 Months

6. Legal Guardian:
☐ Parents
☑ Mother
☐ Father
☐ Other

7. Ethnic Background
☐ Anglo
☐ BIA Native American
☐ Native American
☐ Hispanic
☑ Black
☐ Other

8. Sex: ☑ Male ☐ Female

9. Primary Language
Child's first acquired language English
Language most often spoken by student English
Language most often spoken in the home English

PARENT(S)

10. Name Fishee, Elizabeth A.
Last First Middle

11. Address 7001 Locust Ave.
No Street
Redding, LA 70632
City State Zip Code

12. Telephone 504-637-1420
Area Code Number

13. Live with child:
☑ Yes ☐ No

14. Marital Status:
☐ Married ☑ Divorced
☐ Separated ☐ Unknown

SCHOOL:

15. Name Mark Twain Elementary

16. Address 302 Clark Street
Redding, LA, 70631

17. Telephone 504-631-0021
Area Code Number

18. 4
Grade/Class

19. Current Educational Program
☐ None ☑ Regular ☐ Special

20. 5 years
How long in present school

DO NOT WRITE IN THIS SPACE

PAS# ☐☐☐☐☐☐☐☐☐☐

SSD# ☐☐☐☐☐☐☐☐☐☐

Current Placement:
☑ Regular Class
☐ Regular Class with Services
☐ Special Class
☐ Cooperative Program
☐ District #1
☐ Non-public Program
☐ Pre-school Program
☐ Day Care Program
☐ Not in School

Interpretor Needed:
☐ Yes

Surrogate parent needed:
☐

Initiated by:
☑ School
☐ Parent(s)
☐ Public Agency
☐ Private Agency (Specify)

☐ Other (Specify)

How did you learn about this office?

Decision for Assessment Program (If Appropriate)
✓ Initial Screening
__ Educational Assessment Program
__ Individual Evaluation

Date Completed: 10/26/79

Notification:
✓ Parent/Guardian
Date 10/12/79

✓ Special Education Supervisor
Date 10/30/79

Martin Melacon
Child Search Coordinator

REFERRED BY: (OPTIONAL UNLESS TEACHER)

21. Name Sarah Stark

22. Address 302 Clark Street
Redding, LA

23. Telephone 504-631-0021 Teacher
Area Code Number Position

24. How long have you known student? 2 mos.

25. In what capacity? Teacher

26. Reasons for concern: (If not teacher)

27. ☐ Other pertinent information attached.

Evaluation File (White), Cumulative Folder (Canary), Child Search Coordinator (Pink)

PARENTAL NOTICE OF IDENTIFICATION

CODE	CS 3 (Child Search 3)
COMPLETED BY	Child Search Coordinator or other designated school Official.
PURPOSE	To notify parents of a possible or suspected need for special services. The form also defines appraisal services available for the child.
FLOW	The form is prepared and delivered to the parent. The form indicating the decision for evaluation may also be delivered at the time of the parental notice of identification (Sp. Ed. 1). Specific instructions are not listed for this form.

PAS#

SSD#

LOUISIANA PUBLIC SCHOOLS
PUPIL APPRAISAL SERVICES

CS3
Page 1 of 1

PARENT NOTICE OF IDENTIFICATION

______________________________ DATE ______________________
(Parent's Name)

____
(Address)

____

School personnel feel that your child ____________________ may be in need of special services. We are considering further assessment of his educational needs.

The School Board will be responsible for enrolling your child in one of three assessment programs:

Initial Screening--10 day screening review in the classroom. (You will be notified.)

Educational Assessment Program--4-6 week assessment service in the classroom by an assessment teacher. (Requires your written permission.)

Individual Evaluation--diagnostic testing service by examiners qualified by the Department of Education. (Requires your written permission.)

You will be notified of the assessment program recommendation before anything is done. You have the right to approve or disapprove actions proposed by your School Board concerning your child. All information gathered concerning your child will be used only for further educational planning and will not be released without your permission.

For purposes of identification, all correspondence pertaining to your child will include an identifying number. The number assigned to your child appears in the boxes in the top left corner.

If you have any questions or...
If your child has been examined recently by a doctor or anyone else please contact:

______________________________ ______________________________
School Board Child Search Coordinator (or designee)

______________________________ ______________________________
Address Telephone

______________________________ ______________________________
Signature

For your future reference, please keep this and copies of other letters sent to you regarding your child.

Parent (White), Cumulative Folder (Canary)

PAS# ☐☐☐☐☐☐☐☐☐☐

BSD# ☐☐☐☐☐☐☐☐☐☐

LOUISIANA PUBLIC SCHOOLS
PUPIL APPRAISAL SERVICES

CS3
Page 1 of 1

PARENT NOTICE OF IDENTIFICATION

Ms. Elizabeth Fisher
(Parent's Name)

DATE October 12, 1979

7001 Locust Avenue
(Address)

Redding, LA 70632

School personnel feel that your child Sam Fisher may be in need of special services. We are considering furhter assessment of his educational needs.

The School Board will be responsible for enrolling your child in one of three assessment programs:

Initial Screening--10 day screening review in the classroom. (You will be notified.)

Educational Assessment Program--4-6 week assessment service in the classroom by an assessment teacher. (Requires your written permission.)

Individual Evaluation--diagnostic testing service by examiners qualified by the Department of Education. (Requires your written permission.)

You will be notified of the assessment program recommendation before anything is done. You have the right to approve or disapprove actions proposed by your School Board concerning your child. All information gathered concerning your child will be used only for further educational planning and will not be released without your permission.

For purposes of identification, all correspondence pertaining to your child will include an identifying number. The number assigned to your child appears in the boxes in the top left corner.

If you have any questions or...
If your child has been examined recently by a doctor or anyone else please contact:

Sudnville Parish
School Board

Larry Bodin, Principal
Child Search Coordinator (or designee)

731 Pecan Avenue
Address

(504) 632-2021
Phone

Redding, LA

Larry Bodin
Signature

For your future reference, please keep this and copies of other letters sent to you regarding your child.

Parent (White), Cumulative Folder (Canary)

DECISION FOR EVALUATION PROGRAM FORM

CODE	Sp.Ed. 1 (Special Education 1)
COMPLETED BY	Child Search Coordinator or other designated school official
PURPOSE	Notify parents of decision for recommended appraisal service.
FLOW	The form is delivered to the parent when appraisal service (initial screening, educational assessment program, or individual evaluation) is decided. If school initiates referral, the Initial Screening Process automatically becomes the first step in appraisal. This form may be delivered to the parent in conjunction with the Parent Notice of Identification (CS 3).

PAS# ☐☐☐☐☐☐☐☐☐☐

SSD# ☐☐☐☐☐☐☐☐☐☐

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LOUISIANA PUBLIC SCHOOLS
PUPIL APPRAISAL SERVICES

DECISION FOR EVALUATION PROGRAM

______________________________ DATE______________
(Parent's Name)

____
(Address)

____

School personnel recommend that your child ______________ be assigned to the program checked below:

☐ Initial Screening at ______________________________
Name of School
____
Location of School
____
Dates

Your child will remain in the same classroom and teachers will gather information about the development of your child academically, socially, physically, verbally, and in self-help areas. This process will be completed within ten school days.

All information will be sent to the Special Education Supervisor and will be used only for educational planning. The information will not be released without your permission.

You will be notified of the results of the Initial Screening Process and of future recommendations (if any) regarding assessment of your child.

If you have any questions, or wish to disagree with this decision, please contact the Special Education Supervisor listed below.

☐ Educational Assessment Program

You must give written approval before your child is enrolled. (Please see attached form.)

☐ Individual Evaluation ⑥ **Refers to the Parental Approval Forms (Sp. Ed. 3 or 4)**

You must give written approval before your child is evaluated. (Please see attached form.)

______________________________ ______________________________
School Board Special Education Supervisor (or designee)

______________________________ ______________________________
Address Telephone

______________________________ ______________________________
Signature

Parent (White), Cumulative Folder (Canary), Special Education Supervisor (Pink)

PAS# ☐☐☐☐☐☐☐☐☐☐
SSD# ☐☐☐☐☐☐☐☐☐☐

Sp.Ed. 1
Page 1 of 1

LOUISIANA PUBLIC SCHOOLS
PUPIL APPRAISAL SERVICES

DECISION FOR EVALUATION PROGRAM

Elizabeth Fisher
(Parent's Name)

DATE Oct. 12, 1979

7001 Locust Avenue
(Address)

Redding, LA

School personnel recommend that your child Sam be assigned to the program checked below:

☑ Initial Screening at Mark Twain Elementary School
Name of School
302 Clark Street
Location of School
Oct. 15 – Oct. 26
Dates

Your child will remain in the same classroom and teachers will gather information about the development of your child academically, socially, physically, verbally, and in self-help areas. This process will be completed within ten school days.

All information will be sent to the Special Education Supervisor and will be used only for educational planning. The information will not be released without your permission.

You will be notified of the results of the Initial Screening Process and of future recommendations (if any) regarding assessment of your child.

If you have any questions, or wish to disagree with this decision, please contact the Special Education Supervisor listed below.

☐ Educational Assessment Program

You must give written approval before your child is enrolled. (Please see attached form.)

☐ Individual Evaluation

You must give written approval before your child is evaluated. (Please see attached form.)

Sudanville Parish
School Board

731 Pecan Avenue
Address

Redding, LA

Larry Bodin, Principal
Special Education Supervisor (or designee)

(504) 632-2930
Phone

Larry Bodin
Signature

Parent (White), Cumulative Folder (Canary), Special Education Supervisor (Pink)

INITIAL SCREENING PROCESS

TEACHER REVIEW FORM

CODE	SBL 1 (School Building Level 1)
COMPLETED BY	The classroom teacher completes these pages. The information completed by the teacher is a vital part of the appraisal process. The Initial Screening Process will be completed for every referred child enrolled in school.
PURPOSE	This report is based on teacher's perceptions and judgment and provides a list of concerns about the child's performance, documents attempts to resolve the concerns, and presents a profile of the child's current educational status.
FLOW	This form is prepared by the child's teacher(s) during enrollment in the Initial Screening Process. Once completed, the information is forwarded to the principal for review. The Needs Assessment is then completed by the principal. The Teacher Review and Needs Assessment complete the Initial Screening Process. Lastly, a Report of the Initial Screening Process is delivered to the Special Education Supervisor and to the parent(s).

Specific instructions are indicated on the SBL forms, page 13 and 15.

Section II

INITIAL SCREENING PROCESS

PAS# ☐☐☐☐☐☐☐☐☐☐

SSD# ☐☐☐☐☐☐☐☐☐☐

SBL 1
Page 1 of 2

LOUISIANA PUBLIC SCHOOLS
PUPIL APPRAISAL SERVICES

INITIAL SCREENING PROCESS
TEACHER REVIEW

STUDENT__________ **AGE**_____ **GRADE**_____ **FORM COMPLETED BY:**

SCHOOL__________ **TEACHER(S)**__________

⑦ **DATES OF SCREENING** The actual dates when screening began and was concluded.

1. **INITIAL CONCERNS**
Please state the specific reasons/situations which indicate that this student may be in need of special services. Include problems in the academic, behavioral, physical, verbal, and motor areas as pertinent to this child. Attach additional sheet if necessary.

1.1

⑧ List your concerns about the child's performance. The concerns may be academic, behavior, or non-academic. Specific descriptions of a child's behavior are listed to allow school officials and appraisal personnel to determine the appropriate services needed.

1.2

1.3

1.4

☐ Additional information attached

2. **ATTEMPTS TO RESOLVE**
Please state any attempts made within the educational program to resolve each stated concern. Describe what was done, for how long, and by whom; indicate if the attempt was successful, unsuccessful, or made matters worse.

2.1

⑨ Correlate each concern with a statement regarding school/teacher attempts to resolve the concern. The attempt listed can be specific to your classroom (i.e., special materials, seating arrangements, contracts with the student or with the entire class or peer tutoring). The attempt listed may also be some other service provided by the parish (i.e., special tutoring programs, special reading or math programs, etc.).

2.2

2.3

2.4

☐ Additional information attached

Evaluation File (White), Cumulative File (Canary)

PAS# ☐☐☐☐☐☐☐☐☐

SSD# ☐☐☐☐☐☐☐☐☐

LOUISIANA PUBLIC SCHOOLS
PUPIL APPRAISAL SERVICES

INITIAL SCREENING PROCESS
TEACHER REVIEW

STUDENT Sam Fisher AGE 11 GRADE 4

SCHOOL Mark Twain Elementary

DATES OF SCREENING Oct. 15 – Oct. 26

FORM COMPLETED BY:

TEACHER(S) Sarah Stark

1. **INITIAL CONCERNS**
Please state the specific reasons/situations which indicate that this student may be in need of special services. Include problems in the academic, behavioral, physical, verbal, and motor areas as pertinent to this child. Attach additional sheet if necessary.

1.1 Very poor word attack skills, poor reading comprehension

1.2 Poor math basic computational skills and problem solving.

1.3 Sudden and frequent classroom disruptions – does not obey classroom rules – often has playground problems.

1.4 Much difficulty with paper and pencil tasks in all areas; easily distracted.

☐ Additional information attached

2. **ATTEMPTS TO RESOLVE**
Please state any attempts made within the educational program to resolve each stated concern. Describe what was done, for how long, and by whom; indicate if the attempt was successful, unsuccessful, or made matters worse.

2.1 Sent to third grade class for reading – no progress seen although instruction was on 2nd grade level.

2.2 Simplified worksheets w/ peer tutors – unsuccessful

2.3 Placed in a quiet corner – disruptions continued. Worked out individual contract but he would not do tasks even at his level. Sessions with Guidance Counselor proved unsuccessful.

2.4 Manipulative centers for Math was fairly successful!

☐ Additional information attached

Evaluation File (White), Cumulative File (Canary)

LOUISIANA PUBLIC SCHOOLS
PUPIL APPRAISAL SERVICES

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Page 2 of

INITIAL SCREENING PROCESS
TEACHER REVIEW

STUDENT ______________________________

3. **FUNCTIONAL LEVELS**. Please plot your judgment of the grade level where the student is functioning in your classroom. Connect the plotted points. Indicate the student's actual grade placement by drawing a horizontal line accross the graph.

	Word Attack Skills	Reading Vocabulary	Oral Reading Comprehen.	Silent Reading Compreh.	Listening Comprehension	Oral Expression	Written Language	Use of References	Spelling	Handwriting	Mathematics Facts	Math Skills/Computation	n Word Problems	Science Concepts	Social Studies Concepts	Map/Graph Skills	Problem Solving Skills
14																	
13																	
12																	
11																	
10																	
9																	
8																	
7																	
6																	
5																	
4																	
3																	
2																	
1																	
K																	
PK																	

⑩

1. Draw a line across the graph to indicate actual grade placement of the student. 2. Plot functional levels. Teacher judgment is important here. Do not refer to any achievement test score. Secondary referring teachers might find it beneficial to confer with the child's other teachers, resource room, or reading teachers in completing this section.

5. Additional Comments: ______________________________

____

____

Evaluation File (White), Cumulative Folder (Canary)

4. **STUDENT EVALUATION**. Please check the column to indicate how the student rates most of the time according to the following scale:

1. Poor
2. Below Average
3. Slightly Below Average
4. Slightly Above Average
5. Above Ave
6. Excellent

	1	2	3	4	5
Gross Motor Development					
Fine Motor Development					
Motor Coordination					
Creativity					
Attention Span					
Work/Study Habits					
Self-Motivation					
Attitude Toward School					
Observance of School Rules					
Peer Group Participation					
Attitude Toward Peers					
Leadership					
Self-Concept					
Maturity (For Age)					
Reaction To Stress					
Attitude Toward Adults					
Politeness					
Body Care					
Clothing Care					
Safety Awareness					
Responsibility					
Family Relationships					

⑪

Rate each area using the scale. Teacher judgment is again important to determine how the child performs in relation to other children in the class.

6. Attach and date any pertinent samples of student's work. (Check the appropriate box if attachments are included)

☐ Additional Sheets ☐ Work Samples

PAS# ☐☐☐☐☐☐☐☐☐

SSD# ☐☐☐☐☐☐☐☐☐

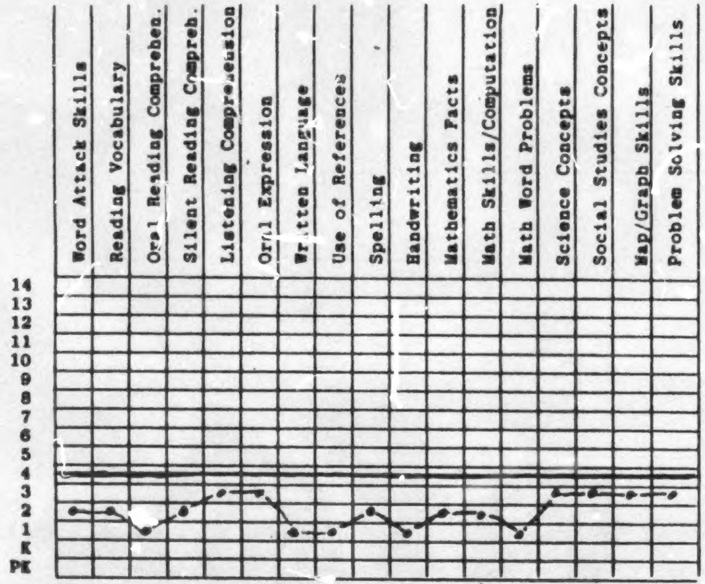
LOUISIANA P[illegible]C SCHOOLS
PUPIL APPRA[illegible] SERVICES

INITIAL SCREENING PROCESS
TEACHER REVIEW

1
[illegible]e 2 of 2

STUDENT: Sam Fisher

3. **FUNCTIONAL LEVELS**. Please plot your judgment of the grade level where the student is functioning in your classroom. Connect the plotted points. Indicate the student's actual grade placement by drawing a horizontal line accross the graph.



5. Additional Comments: addition and subtraction skills on facts and computation are adequate, but does not know multiplication facts.

Evaluation File (White), Cumulative Folder (Canary)

4. **STUDENT EVALUATION**. Please check the column to indicate how the student rates most of the time according to the following scale:

1. Poor
2. Below Average
3. Slightly Below Average
4. Slightly Above Average
5. Above Average
6. Excellent

	1	2	3	4	5	6
Gross Motor Development			✓			
Fine Motor Development	✓					
Motor Coordination		✓				
Creativity			✓			
Attention Span	✓					
Work/Study Habits	✓					
Self-Motivation	✓					
Attitude Toward School	✓					
Observance of School Rules	✓					
Peer Group Participation			✓			
Attitude Toward Peers				✓		
Leadership				✓		
Self-Concept		✓				
Maturity (For Age)		✓				
Reaction To Stress			✓			
Attitude Toward Adults		✓				
Politeness				✓		
Body Care				✓		
Clothing Care				✓		
Safety Awareness				✓		
Responsibility		✓				
Family Relationships				✓		

6. Attach and date any pertinent samples of student's work. (Check the appropriate box if attachments are included).

☐ Additional Sheets ☐ Work Samples

NEEDS ASSESSMENT

CODE	SBL 2 (School Building Level 2)
COMPLETED BY	Principal (or designee)
PURPOSE	This report is based on school records and provides a history of the student's education, information concerning health, and the results of sensory screening. The second page requires that a series of decisions be made by the principal and teacher about possible solutions to the concerns the Teacher Review identified.
FLOW	The form is prepared after or during the Teacher Review. The Teacher Review and Needs Assessment are then forwarded to the Special Education Supervisor, and given to parents at post screening conference.

SPECIFIC INSTRUCTIONS

12. Academic Grade Progression: Account for each year the child has been in school. The number of letters should equal the number of years in school. Each block should have at least one P, F, or S (Pass, Fail, or Social Promotion).

13. Academic Performance: Use cumulative records to complete.

14. Previous Individual Evaluation: Refers to previous multidisciplinary evaluations. If the child was tested out of state, please indicate.

15. General Health: Rate according to the child's daily behavior and review cumulative file.

16. Immunizations Lacking: Review cumulative file.

17. Screening: Write the last record of screening and the date of screening indicated in the cumulative records. If a screening is not recorded, schedule a date for the screening. Contact the Special Education office for scheduling, sensory screening in your school.

18. Physical Education Performance: If NO is checked (✓) the physical education teacher or the person responsible for the physical education activity completes SBL 2 page 3 of 3.

PAS# ☐☐☐☐☐☐☐☐☐☐

SSD# ☐☐☐☐☐☐☐☐☐☐

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LOUISIANA PUBLIC SCHOOLS
PUPIL APPRAISAL SERVICES

INITIAL SCREENING PROCESS
NEEDS ASSESSMENT

STUDENT ____________________

SCHOOL ____________________ TEACHER ____________________

DATES OF SCREENING ____________________ PRINCIPAL (DESIGNEE) ____________________

1. Academic Grade Progression: In each grade level block, specify P (Pass), F (fail), S (Social Promotion). There may be more than one letter in a block.

GRADE LEVELS	K	1	2	3	4	5	6	7	8	9	10	11	12
							⑫						

⑬ 2. Academic Performance: List the last achievement test scores recorded for student. Give results of accountability testing. List the final report card grades for the last two years of school attendance. (One may be current year.)

a. Date of Testing ____________________

Achievement Test Scores

Total Reading ____________________

Total Language ____________________

Total Mathematics ____________________

Science ____________________

Social Studies ____________________

____

b. Accountability Testing (Date) ____________________

Reading ____________________

Mathematics ____________________

Writing ____________________

____

c. Report Card Grades ____________________

Dates of School Sessions ____________________

Total Reading ____________________

Total Language ____________________

Total Mathematics ____________________

Science ____________________

Social Studies ____________________

Days Absent ____________________

____

3. If prior evaluation, Date ⑭______ Attach Report of Evaluation and Current IEP.

4. General Health: Explain any Yes answers to the following questions. Attach any added information

Does the student...	YES	NO	COMMENTS OR ADDITIONAL INFORMATION ATTACHED:	CHECK
a. have recurring health problems?				
b. regularly take medication?				
c. have a known medical problem?				
d. have a physically crippling condition?				
e. appear to be chronically ill?			⑮	
f. wet/soil his clothes?				
g. receive professional treatment?				
h. receive school help for problems?				
5. Immunizations lacking? ⑯				

⑰ 6. Screening: (If no record, schedule immediate screening.) Complete the following.

Vision ______ Results ☐ Normal ☐ At risk ____________ Date ☐ Corrected

Hearing ______ Results ☐ Normal ☐ At risk ____________ Date ☐ Corrected

Speech ______ Results ☐ Normal ☐ At risk ____________ Date ☐ Corrected

7. Does student successfully participate in physical education activities? ☐ Yes ☐ No

(If No, P. E. teacher completes p. 3)

Signature of P. E. teacher ⑱ ____________________

Parent (White), Cumulative Folder (Canary), Evaluation File (Pink)

PAS# ☐☐☐☐☐☐☐☐☐☐

SSD# ☐☐☐☐☐☐☐☐☐☐

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Page 1 of 3

LOUISIANA PUBLIC SCHOOLS
PUPIL APPRAISAL SERVICES

INITIAL SCREENING PROCESS NEEDS ASSESSMENT

STUDENT Sam Fisher

SCHOOL Mark Twain Elem TEACHER Sarah Stark

DATES OF SCREENING Oct. 15 - Oct. 26 PRINCIPAL (DESIGNEE) Larry Bodin

1. Academic Grade Progression: In each grade level block, specify P (Pass), F (fail), S (Social Promotion). There may be more than one letter in a block.

GRADE LEVELS	K	1	2	3	4	5	6	7	8	9	10	11	12
	P	P	P	F/P									

2. Academic Performance: List the last achievement test scores recorded for student. Give results of accountability testing. List the final report card grades for the last two years of school attendance.

a. Date of Testing 4/23/79

Achievement Test Scores

Total Reading	1.2
Total Language	1.8
Total Math	2.8
Science	N/A
Social Studies	N/A

b. Accountability Testing (Date)

Reading	N/A
Math	
Writing	

c. Dates of School Sessions 1st 6 weeks

Report Card Grades

Total Reading	F
Total Language	D
Total Math	C
Science	C
Social Studies	
Days Absent	6

3. If prior evaluation, Date ________ Attach Report of Evaluation and Current IEP.

4. General Health: Explain any Yes answers to the following questions. Attach any added information

Does the student....	YES	NO	COMMENTS OR ADDITIONAL INFORMATION ATTACHED	CHECK
a. have recurring health problems?		✓		
b. regularly take medication?		✓		
c. have a known medical problem?		✓		
d. have a physically crippling condition?		✓		
e. appear to be chronically ill?		✓		
f. wet/soil his clothes?		✓		
g. receive professional treatment?		✓		
h. receive school help for problems?		✓		
5. Immunizations lacking?		✓		

6. Screening: (If no record, schedule immediate screening.) Complete the following.

Vision _____ Results ☑ Normal ☐ At risk 9/15/79 Date ☐ Corrected

Hearing _____ Results ☑ Normal ☐ At risk 9/15/79 Date ☐ Corrected

Speech _____ Results ☑ Normal ☐ At Risk 9/2/79 Date ☐ Corrected

7. Does student successfully participate in physical education activities? ☑ Yes ☐ No

(If No, P. E. teacher completes p. 3)

Signature of P. E. teacher John Hamilton

Parent (White), Cumulative Folder (Canary), Evaluation File (Pink)

SHL. 2
Page 3 of 3

PAS# ☐☐☐☐☐☐☐☐☐

SSD# ☐☐☐☐☐☐☐☐☐

LOUISIANA [illegible]IC SCHOOLS
PUPIL APPR[illegible]L SERVICES

INITIAL SCREENING
NEEDS ASSESSMENT

STUDENT ____________________

SCHOOL ____________________

DATE ____________________

8. INITIAL CONCERNS

Please state the specific reasnons/situations which indicate why this student is not successfully participating in Physical Education. Include problems in the academic, behaviorla, physical, verbal, and motor areas as pertinent to this child. Attach additional sheet if necessary.

8.1 ____________________

8.2 ____________________

NOT APPLICABLE TO THIS CASE. (See page 18 No. 7)

8.3 ____________________

8.4 ____________________

☐ Additional information attached

10. Could the student successfully participate in special physical education instruction in your class with additional support of modifications

☐ Yes ☐ No

11. If so, do you feel that the student needs a formal adaptive physical education program in a separate class?

☐ Yes

Parent (White), Cumulative Folder (Canary), Evaluation File (Pink)

Form completed by:

Physical Education Teacher(s) ____________________

9. ATTEMPTS TO RESOLVE

Please state any attempts made within the physical education program to resolve each stated reason. Describe what was done, for how long, and by whom; indicate if the attempt was successful, unsuccessful, or made worse.

9.1 ____________________

9.2 ____________________

9.3 ____________________

9.4 ____________________

☐ Additional information attached

Explain or give examples: ____________________

20

NEEDS ASSESSMENT (SBL 2, p. 2 of 3)

SPECIFIC INSTRUCTIONS

19. Data Completion: Check to be sure that all of the Initial Screening forms are complete.

20. Local School Resources: This section requires principal and/or counselor discussion with the teacher(s). Any YES answer in this section will stop the appraisal process. The child may then be enrolled in the Intial Screening Process at a later date, if school based interventions have proved ineffective.

21. Recommendation: One of the three alternatives is checked (✓) depending on the answers in item numbers 2 and 3 of the form. It is important to check the ONE RECOMMENDATION proposed by the school.

☐	Regular Education	A check here stops the appraisal process. School personnel indicate they may be able to solve the problems utilizing local resources.
☐	Educational Assessment Program	A check here is a request for services from an Assessment Teacher. Parental approval is required (Sp. Ed. 4)
☐	Individual Evaluation Program	A check here is a proposal for a multidisciplinary evaluation by a team composed of at least two qualified examiners and the child's teacher. Parental approval is required (Sp. Ed. 3)

Again, it is important to check the ONE RECOMMENDATION proposed by the school. A child may not be proposed for the Educational Assessment Program and the Individual Evaluation Program at the same time.

PAS# ☐☐☐☐☐☐☐☐☐

SSD# ☐☐☐☐☐☐☐☐☐

LOUISIANA PUBLIC SCHOOLS
PUPIL APPRAISAL SERVICES

SBL 2
Page 2 of 3

INITIAL SCREENING PROCESS
NEEDS ASSESSMENT

STUDENT ____________________

SCHOOL ____________________ TEACHER ____________________

DATES OF SCREENING ____________________ PRINCIPAL ____________________

		YES	NO
1.	Data Completion (Must be Yes before proceeding to No. 2)		
a.	Is Teacher Review (p. 1) complete?	☐	☐
b.	Is Teacher Review (p. 2) complete? ⑲	☐	☐
c.	Is Needs Assessment (p. 1) complete?	☐	☐
d.	Is Needs Assessment (p. 3) complete? (Answer only when necessary)	☐	☐

⑳ 2. Could this school resolve the concerns about this student using local school resources such as:

a. Additional attempts to resolve in present classroom? ☐ Yes ☐ No

If yes, specify the attempts to be tried ____________________

If no, explain why not ____________________

b. Remedial Programs? ☐ Yes ☐ No

If yes, specify name and date of entry ____________________

If no, explain why not ____________________

c. Student Services (e.g. Guidance Counselor) ☐ Yes ☐ No

If yes, specify name and date of initiation ____________________

If no, explain why not ____________________

d. Another classroom? ☐ Yes ☐ No

If yes, specify and give date of entry ____________________

If no, explain why not ____________________

3. Do the concerns on the Initial Review seem to be primarily of an educational nature rather than related to an obvious handicapping condition? ☐ Yes ☐ No

4. Recommendation for further attempts to answer concerns should be:

☐ Regular Educational Program (Check if any answer in No. 2 was Yes)

㉑ ☐ Educational Assessment Program (Check if all of No. 2 was No and if No. 3 was Yes)

☐ Individual Evaluation (Check if all answers in No. 2 and No. 3 were No)

(Principal or designee) (Teacher) (Date)

RETURN TO SUPERVISOR OF SPECIAL EDUCATION

Parent (White), Cumulative Folder (Canary), Evaluation File (Pink)

PAS# ☐☐☐☐☐☐☐☐☐☐

SSD# ☐☐☐☐☐☐☐☐☐☐

LOUISIANA PUBLIC SCHOOLS
PUPIL APPRAISAL SERVICES

SBL 2
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INITIAL SCREENING PROCESS
NEEDS ASSESSMENT

STUDENT Sam Fisher

SCHOOL Mark Twain Elementary TEACHER Sarah Stark

DATES OF SCREENING Oct. 15 - Oct. 26 PRINCIPAL Larry Bodin

		YES	NO
1.	Data Completion (Must be Yes before proceeding to No. 2)		
a.	Is Teacher Review (p. 1) complete?	☑	☐
b.	Is Teacher Review (p. 2) complete?	☑	☐
c.	Is Needs Assessment (p. 2) complete?	☑	☐
d.	Is Needs Assessment (p. 3) complete? (Answer only when necessary)	☐	☐

2. Could this school resolve the concerns about this student using local school resources such as:

a. Additional attempts to resolve in present classroom? ☐ Yes ☑ No

If yes, specify the attempts to be tried

If no, explain why not although several alternatives have been attempted, Sam remains seriously below his peers in all academic areas.

b. Remedial Programs? ☐ Yes ☑ No

If yes, specify name and date of entry

If no, explain why not None are available within our school.

c. Student Services (e.g. Guidance Counselor) ☐ Yes ☑ No

If yes, specify name and date of initiation

If no, explain why not Sessions with Guidance Counselor did not carry-over into the classroom.

d. Another Classroom? ☐ Yes ☑ No

If yes, specify and give date of entry

If no, explain why not Present teacher has good rapport with all students including Sam, and is very knowledgeable in remedial techniques.

3. Do the concerns on the Initial Review seem to be primarily of an educational nature rather than related to an obvious handicapping condition? ☑ Yes ☐ No

4. Recommendation for further attempts to answer concerns should be:

☐ Regular Educational Program (Check if any answer in No. 2 was Yes)

☑ Educational Assessment Program (Check if all of No. 2 was No and if No. 3 was Yes)

☐ Individual Evaluation (Check if all answers in No. 2 and No. 3 were No)

(Principal or designee) Sarah Stark (Teacher) Oct. 26, 1979 (Date)

RETURN TO SUPERVISOR OF SPECIAL EDUCATION

Parent (White), Cumulative Folder (Canary), Evaluation File (P

REPORT OF INITIAL SCREENING PROCESS

CODE Special Education 2 (Sp. Ed. 2)

COMPLETED BY Special Education Supervisor

PURPOSE Report the results to the parent(s) of the initial screening conducted at the school building level. A recommendation to evaluate further or discontinue the appraisal process is made for the parent's information. This form serves as a decision for evaluation if the child needs further evaluation or assessment.

FLOW The Report of Initial Screening Process and the decision-making form of the Needs Assessment (SBL 2, p. 2 of 2) are delivered to the parent by school personnel or the special education office.

PAR# ☐☐☐☐☐☐☐☐☐☐

SSD# ☐☐☐☐☐☐☐☐☐☐

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LOUISIANA PUBLIC SCHOOLS
PUPIL APPRAISAL SERVICES

REPORT OF INITIAL SCREENING PROCESS

______________________________ DATE ____________________
(Parent's Name)

____
(Address)

____

We have completed the Initial Screening for your child, ______________________. The report from the school is included. Based on the information collected, school personnel have decided that your child

☐ should receive no further evaluation or assessment. If you disagree and feel that your child should receive further evaluation, contact the Supervisor of Special Education. If agreement cannot be reached after that contact, you have the right to request an impartial hearing. Please contact your child's principal in order to discuss the results of the Initial Screening and your concern about your child's education.

㉒ Refers to the Parental Approval Forms (Sp. Ed. 3 or 4)

☐ needs further evaluation or assessment. (See attached page.) Please contact your child's principal in order to discuss the results of the Initial Screening and your concerns about your child's education. We feel your concerns are important for planning your child's educational program.

If you have any further questions, please contact the Supervisor of Special Education.

______________________________ ______________________________
School Board Special Education Supervisor (or designee)

______________________________ ______________________________
Address Telephone

______________________________ ______________________________
Signature

Parent (White), Cumulative Folder (Canary), Special Education Supervisor (Pink)

PAS#
SSD#

Sp.Ed. 2
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LOUISIANA PUBLIC SCHOOLS
PUPIL APPRAISAL SERVICES

REPORT OF INITIAL SCREENING PROCESS

Elizabeth Fisher
(Parent's Name)

DATE 10/29/79

7001 Locust Avenue
(Address)
Redding, LA

We have completed the Initial Screening for your child, Sam. The report from the school is included. Based on the information collected, school personnel have decided that your child...

☐ should receive no further evaluation or assessment. If you disagree and feel that your child should receive further evaluation, contact the Supervisor of Special Education. If agreement cannot be reached after that contact, you have the right to request an impartial hearing.

☑ needs further evaluation or assessment. (See attached page.) Please contact your child's principal in order to discuss the results of the Initial Screening and your concerns about your child's education. We feel your concerns are important for planning your child's educational program.

If you have any further questions, please contact the Supervisor of Special Education.

Sudanville Parish
School Board

731 Pecan Avenue
Address

Redding, LA

Malcolm Wright
Special Education Supervisor (or designee)

632-2021
Phone

Malcolm Wright
Signature

Parent (White), Cumulative Folder (Canary), Special Education Supervisor (Pink)

RE-EVALUATION

As the triennial re-evaluations become due, the screening information collected through this screening process can be an invaluable aid to the multidisciplinary team in providing a relevant assessment of the child's needs, as well as insuring that each concern of the teacher is addressed during evaluation. In three years many aspects of a child's educational and/or behavioral profile can and does change. This process is a systematic method of recording current data as seen by persons who are involved with the child on a daily basis.

In screening for re-evaluation the completion of the following forms would be appropriate:

1. Child Identification (CS-2) # 26 re-evaluation.
2. Decision for Evaluation Program (Sp. Ed. 1). Note on form re-evaluation and attach Sp. Ed. 4, Parental Approval for individual evaluation.
3. Teacher Review (SBL 1 2 pages)
4. Needs Assessment (SBL 2) page 1, attach report of evaluation and current IEP; page 2, numbers 1 and 4; page 3, if applicable.

PRE-SCHOOLERS

Although no screening is required by law for pre-school children who are not enrolled in school, valuable information which could influence the selection of disciplines needed for a relevant individual evaluation can be obtained from the child's parents and from observation of the child by the Child Search Coordinator. The completion of the following forms and sections of forms could be used as a means of collecting uniform, comprehensive data:

1. Child Identification (CS 2)
2. Teacher Review (SBL 1, page 1)
3. Teacher Review (SBL 1, page 2, student evaluation)
4. Needs Assessment (SBL 2, page 1, General Health, Immunizations, Sensory Screening)

In those sections which are not applicable, N/A should be written. Any other information deemed pertinent which is gathered during the parent interview and child observation can and should be attached to the screening packet. This would include the results of any formal or informal instruments utilized such as DIAL, REEL, developmental checklist, etc.